SEEC FORM 20 Itemized Campaign Finance Di CONNECTICUT STATE ELECTION Revised January 2015	sclosure Statemen IS ENFORCEMENT (OMM		REC' 19 Do Not I	LAND FC SEP -	ORT. CON RECORD CRD 31 PM 3 Spectro Off	SFILING : 49 icial Use Only	Page	1	of 145
1. NAME OF COMMITTEE	• •	C	JVE	CR PAG			<u>e. 18</u>		(******))	
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Ganim for Bridgeport '19		a (1997-1977)	net Sciences	and the second second		6	and the second	18. S. Weisse	000100	e de la composition de
2. TREASURER NAME		м		ast	1 1992 1999		STATE STATE		Suffix	
First				awton						
Emma 3. TREASURER ADDRESS		108.253	Section 6	Carlon Carlo Barl				State State	inger St	a and a state
Street Address		1949 - A 18	City	and the first of the state of the					State	Zip Code
52 Dogwood Lane			Trumb	ull					ст	06611
4. ELECTION/REFERENDUM DAT	E 5. OFFICE SO	UGHT	(Com	olete only if Can	didate Co	nmittee)	6. DISTR	RICT NUMB	ER	
(ram/dd/yyyy)			10000				(if applic	able)		
	Mayor					_	0			
7. CANDIDATE NAME (Complete	only if Candidate or Ex	plorato	ry Com	nittee)	A SPACE	11-14-1872	经运行 和10	14 Section		Kange di
First		MI		Last					Suffix	
Joseph		Ρ.	G	anim						
8. TYPE OF REPORT (Check On	e Box)	13735	N. CON		1.64	shi ke ciki	地的開始	心理的影响	A READ	中国建立合称
 January 10 filing April 10 filing July 10 filing October 10 filing 24 Hour Independent Expenditure Primary Election 	 ✓ 7th day preceding 30 days following ☐ 7th day preceding ☐ 12th day preceding (State Central Co.) ↓45 days following held in November 	primar election g election mmitteo g election	y n on <i>s Only</i>)		rs followin t	g referendun		nitial Contribu (PAC: ONLY) Amendment to ype of Report)	
9. PERIOD COVERED					AL T	1000				
	Beginning Date				Enc	ling Date				
	07/01/2019			thru	09/0)1/2019				
	07/01/2019			uuru						La carpa bi e stra
10. CERTIFICATION	局限的正式和正常的	情語器	2005	Sector 1	17/2010		的时期的影响			ALC: NO.
I hereby certify and state, under Campaign Finance Disclosure TREASURER OR DEPUTY TREA	r penalties of false e Statement for the J SURER (SIGNATURE	e perio	d cove	red is true, as Emi	curate a	LCiw	ete.	a di di si su di	<u> </u>	03/2014 m/dd/yyyy)
		115005-0	a an anna	a esta contrata de la	8347 J.A.S. 74	A MAR GAMPA	and the second second			and the second
A person who is j	found to have knowin statutes faces	ngly an a civi	ıd willfi I penalı	ully violated a y or imprison	iy provisi nent or b	ons of the oth.	campaign	finance		

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

Page 2 of 147

SUMMARY PAGE TOT. NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Ganim for Bridgeport '19	7th day preceding primary	1
	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		\$0.0
12. Balance on hand at the beginning of Reporting Period	\$238,270.36	
13. Contributions received from Individuals (Section A and B)	\$14,900.00	\$310,175.0
14. Receipts from Other Committees (Sections C1 and C2)	\$1,000.00	\$14,850.0
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$0.0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for lines 13-16c)	\$15,900.00	\$325,025.0
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$254,170.36	\$325,025.0
19. Expenditures Paid by Committee (Section P)	\$159,965.53	\$232,799.0
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$94,204.83	\$92,225.9
1. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.0
23. In-kind Contributions Received (Section M)	\$404.00	\$754.0
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.0
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.0
25b. + Interest and Penalties on Loan	\$0.00	\$0.0
25c Payments on Loan	\$0.00	\$0.0
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.0
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.0
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 Re	epository,)	TYPE OF REPORT	12201		. 105
Ganim for Bridgeport '19		7th day preceding primary				
A. Total Contributions from Small Contributors - Received this Perio	d ONLY	Y	1			
(See instructions for definition of Small Contributor)		Subtotal Section A	L			\$0.00
B. Itemized Contri	butions	from Individuals	U VIO FRANCE - 2	573955 V	188111.7.55	NILLING & L
Last Name	Fir	st				M.I.
Kane	C)	ynthia				
Residential Street Address City		•		State	Zip Code	
9 Bayberry Ln She	lton			СТ	06484-3	3772
Principal Occupation Paralega!	,	e of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to municipality does contributor or busin municipality valued at more than \$5,0	ness he/she			Amou	nt of Cont	ribution
Is this contribution associated with an vert reported in Section L1? Ves If yes, list Event # 082219a No Is contributor a principal of a state contra If yes, indicate which branch or branches of government the contract is with:	actor or pro	-	ative			\$100.00
Method of contribution: Cash Personal Check 🖌 Credit/Debit Card Payrol! Deduction Money	/ Order	Date Received 08/21/2019	Aggregate contributions \$100.00			
Last Name	Fire	st				M.I.
Prezioso	Eil	leen				
Residential Street Address City	lá a sa		·	State	Zip Code	1707
100 Parrott Dr, Unit 501 She	ī			СТ	06484-4	+/0/
Principal Occupation Mgr		e of Employer nzzano's Four Sea	sons			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to municipality does contributor or busin municipality valued at more than \$5,0	ness he/she			Amour	nt of Conti	ribution
Is this contribution associated with an vent reported in Section L1? Ves If yes, list Event # 052319a No Is contributor a principal of a state contra If yes, list Event # 052319a Is contributor a principal of a state contra If yes, indicate which branch or branches of government the contract is with:	ector or pro	· _	⊡ Tes √No		\$	1,000.00
Method of contribution: Cash / Personal Check Credit/Debit Card Payroll Deduction Money	Order	Date Received 07/01/2019	Aggregate contributions \$1,500.00			
Last Name	Firs	st				М.І.
Comisky	Ku	ırt				
Residential Street Address City				State	Zip Code	
	t Hampt			СТ	06424-1	674
Principal Occupation Self Employed		e of Employer f Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No If contribution is in excess of \$400 to municipality does contributor or busin municipality valued at more than \$5,0	ness he/she			Amoun	nt of Conti	ribution
Is this contribution associated with an vent reported in Section L1? Ves If yes, list Event # 081519a No Is contributor a principal of a state contract is with:	ctor or pro	_				\$500.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	Date Received 08/11/2019	Aggregate contributions \$500.00			

\$1,600.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			<u>-</u> =1044				
Ganim for Bridgeport '19				7th day preceding primary			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A				\$0.00
	ontribut	ions f	rom Individuals			olion s	Control 1
Last Name		First	1				M.I.
Passaretti		Jer	nifer				
Residential Street Address	City				State	Zip Code	-
5 Lincoln Dr	Walling	ford			СТ	06492-	5117
Principal Occupation Laboratory Manager/Professor	·		of Employer rersity of New Ha	ven			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? WNO If contribution is in excess of municipality does contributor municipality valued at more th	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082219a No Section L1? Section L1	r _	or pros ecutiv	_	⊡ Tes ✓ No	-		\$500.00
Method of contribution: Cash Personal Check V Credit/Debit Card Payroll Deduction	Money Ord	ег	Date Received 08/21/2019	Aggregate contributions \$1,000.00)		
Last Name		First	1				M.I.
Mobilio		Vin	cent				J
Residential Street Address	City				State	Zip Code	·
1920 Madison Ave	Bridgep	_			СТ	06606-4	4058
Principal Occupation Economic Develop.			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of a dependent child of a lobbyist? If contribution is in excess of a municipality does contributor of municipality valued at more the municipality val	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an vent reported in Section L1? Is contributor a principal of a state of the section L1? If yes, list Event # 082219a No branches of government the contract is with:	r	or pros ecutiv	_	⊡ res ☑No			\$100.00
Method of contribution:	Money Ord	er	Date Received 08/22/2019	Aggregate contributions \$400.00			
Last Name		First					M.I.
Lambert		Bor	ınie				
Residential Street Address 46 Ferry Ct	City Stratfore	d			State CT	Zip Code 06615-6	5061
Principal Occupation Administrator			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No	or business f an \$5,000?	he/she i	s associated with have : Yes	a contract with said	Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state If yes, indicate which branch or branches of government the	. <u> </u>	•	_	[] Tes √No			\$100.00
If yes, list Event # 0022104 contract is with:		ecutive					
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/22/2019	Aggregate contributions \$300.00			

\$700_00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Repos	itory)		TYPE OF REPORT			VIEWY
Ganim for Bridgeport '19				7th day preceding	primary	,	
A. Total Contributions from Small Contributors - Received tl	his Period O	NLY	CILICO NEEL				
(See instructions for definition of Small Contributor)			Subtotal Section A	<u>.</u>			\$0.00
B. Itemize	d Contribut	ions fi	rom Individuals	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	i han i	35 000 0	388-51
Last Name		First		· · · · · · · · · · · · · · · · ·			M.L.
Piccirillo		Jay					
Residential Street Address	City	1			State	Zip Code	
712 Madison Ave	Bridger	oort			СТ	06606-	5511
Principal Occupation Owner		Name Micil	of Employer izzi's				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at mo	utor or business				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082219a No Is contributor a principal of a If yes, list Event # 082219a No	ch or	or pros	_				\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	1 Money Ord	ler	Date Received 08/22/2019	Aggregate contributions \$100.00			
Last Name		First					M.I.
Adams		Sha	nnon				
Residential Street Address	City				State	Zip Code	
2 Blake Dr	Fairfield				CT	06824-	5602
Principal Occupation EVP Business Development			of Employer y Promotions				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess municipality does contribut municipality valued at mo	utor or business l				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082219a No Is contributor a principal of a If yes, indicate which branch branches of government the contract is with:	ch or	or pros	_				\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	1 Money Ord	ler	Date Received 08/22/2019	Aggregate contributions \$600.00			
Last Name		First					M.I.
Krasznai		Cha	rles				
Residential Street Address	City				State	Zip Code	
1015 Lakeside Dr	Bridgep				СТ	06606-	1953
Principal Occupation Engineer		Name Kras:	of Employer znai				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess municipality does contribut municipality valued at more	utor or business l				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082219a No If yes, list Event # 082219a	ch or	or prosp ecutive	_	⊡ res ✓ No			\$100.00
Method of contribution: Cash V Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 08/22/2019	Aggregate contributions \$950.00			

\$300.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ling Repos	itory)		TYPE OF REPORT	-	150	
Ganim for Bridgeport '19	• • • • • •			7th day preceding	th day preceding primary		
A. Total Contributions from Small Contributors - Received this	Period O	NLY	190				
(See instructions for definition of Small Contributor)			Subtotal Section	4			\$0.00
B. Itemized C	ontributi	ions f	rom Individuals		s 37		
Last Name		First	1				M.1.
Eaton		Ste	phen				
Residential Street Address	City	·			State	Zip Code	·
331 Griffin Ave	Bridgep	ort			СТ	06606-	2428
Principal Occupation			of Employer				
Developer		Eato	n Enterprises LL	С			
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of a dependent child of a lobbyist? If contribution is in excess of a municipality does contributor of municipality valued at more the municipality val	or business l				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082219a No Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	_	or pros ecutiv					\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/22/2019	Aggregate contributions \$100.00			
Last Name		First					M.L.
Paoletto		Ric	hard				
Residential Street Address	City				State	Zip Code	
321 Lynne Pl	Bridgep				СТ	06610-	1233
Principal Occupation Inspector			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$ municipality does contributor municipality valued at more the	or business h				Amour	t of Cont	ributio n
Is this contribution associated with an \bigvee Yes Is contributor a principal of a state	contractor (or pros	pective state contractor	? Yes	1		\$100.00
If yes, indicate which branch or	8 <u> </u>			. Гио	i		\$100.00
If yes, list Event # 082219a Dro branches of government the contract is with:	Exe	ecutive	e 🗌 Legisla	ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/22/2019	Aggregate contributions \$200.00			!
Last Name		First	· · · · · · · · · · · · · · · · · · ·				M.I.
Aurilio		Jan	nes				
Residential Street Address	City				State	Zip Code	
97 Northwood Dr	Easton				СТ	06612-1	351
Principal Occupation Owner			of Employer Auto Body		-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No	or business h				Атоп	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state	contractor of	or pros	pective state contractor	? Yes			\$100.00
If yes, list Event # 082219a INo If yes, indicate which branch or branches of government the contract is with:	Exe	cutive	e 🗌 Legisla	ntive			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	r	Date Received 08/22/2019	Aggregate contributions \$850.00	-		

\$300.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing I	Repository)	MI 2015/172-1	TYPE OF REPORT	048		8166()
Ganim for Bridgeport '19			7th day preceding primary			
A. Total Contributions from Small Contributors - Received this Peri	iod ONLY					
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemized Contr	ributions f	rom Individuals	TAX ON THE	WW S	E 125	S States
Last Name	Firs	t				M.I,
Auerbach	Ste	even				
Residential Street Address City				State	Zip Code	·
	idgeport			СТ	06606-	5917
Principal Occupation Director of Meters & Parking		of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 t municipality does contributor or bus municipality valued at more than \$5	isiness he/she			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082219a No Is contributor a principal of a state cont If yes, indicate which branch or branches of government the contract is with:	tractor or pros		∐ Tes ✓ No			\$100.00
Method of contribution: Cash ZPersonal Check Credit/Debit Card Payroll Deduction Mon	ey Order	Date Received 08/22/2019	Aggregate contributions \$550.00			
Last Name	Firs	I				M.I _S
Tomasso	Wil	liam				
Residential Street Address City				State	Zip Code	
	w Britain			СТ	06052-	1919
Principal Occupation Executive		of Employer Construction				
Is contributor a lobbyist, spouse, or If contribution is in excess of \$400 t dependent child of a lobbyist? If contribution is in excess of \$400 t Mo municipality does contributor or bus municipality valued at more than \$5	siness he/she			Amour	it of Cont	ribution
Is this contribution associated with an vent reported in Section L1? If yes, list Event # 082219a No Is contributor a principal of a state contributor a pri	tractor or pros	_	⊡ Tes √No		\$	1,000.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	ey Order	Date Received 08/22/2019	Aggregate contributions \$1,000.00			
Last Name	First	1				M.I.
Meyer	Bet	sey				
Residential Street Address City 39 Woodbine Cir Brid	v idgeport			State CT	Zip Code 06606-1	1931
Principal Occupation Retired	Name Retir	of Employer red			•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to municipality does contributor or bus municipality valued at more than \$5	siness he/she i			Атоци	t of Cont	ribution
Is this contribution associated with an Ves Is contributor a principal of a state cont	tractor or pros	pective state contractor?	Yes			\$200.00
If yes, list Event # 082219a No If yes, indicate which branch or branches of government the contract is with:	Executive	e 🗌 Legisla	tive No			+200.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	ey Order	Date Received 08/22/2019	Aggregate contributions \$300.00			

\$1,300.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Fin	ling Repos	itory)		TYPE OF REPORT	- 2		100 A. 1. 1.
Ganim for Bridgeport '19				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	ontributi	ions f	rom Individuals		21.1 2		000
Last Name		Firs	t				M.I.
Febbraio		The	omas				
Residential Street Address	City				State	Zip Code	
2 Minard Dr	Westpo	ort			СТ	06880-	5421
Principal Occupation		Name	of Employer				
Real Estate		Cold	well Banker Com	mercial - Febbraio	Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$ municipality does contributor municipality valued at more th	or business				Amou	nt of Cont	ribution
Is this contribution associated with an vert reported in Section L1? If yes, list Event # 082219a No Is contributor a principal of a state of government the contract is with:	_	or pros ecutiv	_				\$200.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 08/22/2019	Aggregate contributions \$300.00			
Last Name		First					M.L.
Meyer		Urs	ula				
Residential Street Address	City				State	Zip Code	·
753 Lakeside Dr	Bridgep	ort			CT	06606-1	950
Principal Occupation Business Manager			of Employer onal Personnel Co	orp			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$ municipality does contributor of municipality valued at more that	or business l				Amou	nt of Cont	ribution
Is this contribution associated with an Ves Is contributor a principal of a state		or pros	pective state contractor	? Yes			\$200.00
If yes, indicate which branch or							\$200.00
If yes, list Event # 082219a	Exc	ecutiv	e 🔄 Legisla	tive			ĺ
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/22/2019	Aggregate contributions \$804.00	þ		
Last Name	•	First					M.I.
Scinto		Der	nnis				
Residential Street Address	City				State	Zip Code	<u> </u>
2641 Madison Ave	Bridgep	ort			СТ	06606-2	2632
Principal Occupation Housing Code			of Employer of Bridgeport			-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$ municipality does contributor of municipality valued at more that	or business h				Amour	it of Conti	ribution
Is this contribution associated with an Ves Is contributor a principal of a state event reported in Section L1?	contractor of	or pros	pective state contractor?	Yes			\$250.00
<i>If yes,</i> list Event # 082219a	Exe	ecutive	e 🗌 Legisla	tive			\$200.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/22/2019	Aggregate contributions \$950.00	1		

\$650.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)	1 La 203 P	TYPE OF REPORT			The second
Ganim for Bridgeport '19				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section	A			\$0.00
	Contributi	ions f	rom Individuals				+0100
Last Name		First					ML
Gill		Na	ncy				
Residential Street Address	City	ort			State CT	Zip Code 06605-	2624
244 Sailors Ln Principal Occupation	Bridgep		of Employer			00005-	3024
Admin			heast Medical G	oup			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a stat If yes, list Event # 082219a No Section L1?	or	or pros					\$250.00
Method of contribution:]Money Ord	er	Date Received 08/22/2019	Aggregate contributions \$500.00			
Last Name		First		<u> </u>			M.I.
Viens		Cha	arles				
Residential Street Address 2 Lilac Ln	City Easton				State CT	Zip Code 06612-2	2066
2 LifeC L() Principal Occupation	Laston	Name	of Employer		01	00012-2	
Farmer		Char	les Island Oyste				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more th	or business h				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a stat		or pros	pective state contractor	t? Yes	1		\$250.00
If yes, list Event # 082219a	_	ecutive	e 🗌 Legisl	ative No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/22/2019	Aggregate contributions \$250.00			
Last Name		First					M.L
Paoletto	i	Ant	hony				R
Residential Street Address	City	o 11			State CT	Zip Code	000
321 Lynne Pl	Bridgep		of Freedom		U	06610-1	233
Principal Occupation Typist			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of s municipality does contributor municipality valued at more th	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an Vess lis contributor a principal of a state event reported in Section L1? If yes, list Event # 082219a No branches of government the contract is with:	r	or prosp ecutive	_	⊡ res ✓No			\$400.00
Method of contribution:	Money Orde	ar	Date Received 08/22/2019	Aggregate contributions \$500.00			

\$900.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT							
Ganim for Bridgeport '19 7th day preceding			primary				
A. Total Contributions from Small Contributors - Received this I	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Co	ontributi	ions fi	rom Individuals		T N	200 10	100
Last Name		First					M.I.
Malheiro		lfidi	0				
Residential Street Address	City				State	Zip Code	
11 Botsford PI	Trumbu	1			СТ	06611-	4702
Principal Occupation			of Employer				
Driver		Infor	mation Requeste	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of municipality does contributor or municipality valued at more that	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an Ves Is contributor a principal of a state	contractor	or pros	pective state contractor	? Yes			\$500.00
event reported in Section L1? If yes, indicate which branch or If yes, list Event # 082219a No branches of government the contract is with:	_	ecutive	e 🗌 Legisla	itive No			\$500.00
Method of contribution:	Money Orde	er	Date Received 08/22/2019	Aggregate contributions \$500.00			
Last Name		First					M.I.
Zamora		Eliz	abeth				Р
Residential Street Address	City Stamfor	t			State CT	Zip Code 06902-7	7220
812 Pacific St	Stamon		of Employer			00902-1	330
Executive Assistant			of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of some municipality does contributor o municipality valued at more that	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an Ves Is contributor a principal of a state	contractor of	or prosp	ective state contractor	Yes			\$70.00
event reported in Section L1:	_		_	. √ N₀			\$70.00
If yes, list Event # 082219a INO branches of government the contract is with:	Exe	ecutive	Legisla	tive			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	r	Date Received 08/22/2019	Aggregate contributions \$70.00			
Last Name		First	· · ·				M.I.
Gaston		Jam	es				
	City				State	Zip Code	
	Bridgep		45		CT	06604-4	103
Principal Occupation Attorney			of Employer Offices of James	O. Gaston			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$4 municipality does contributor of municipality valued at more that	r business h				Amoun	t of Conti	ribution
Is this contribution associated with an Yes Is contributor a principal of a state	contractor o	or prosp	ective state contractor?	Yes			\$500.00
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with:	Exe	cutive	Legisla				4000.00 ⁶
Method of contribution:	Money Orde	r		Aggregate contributions \$500.00			

\$1,070.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with F	Filing Repos	sitory)		TYPE OF REPORT			
Ganim for Bridgeport '19			<u>, , , , , , , , , , , , , , , , , , , </u>	7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this	s Period C	DNLY	E. K.				
(See instructions for definition of Small Contributor)		EN	Subtotal Section A	A			\$0.00
B. Itemized (Contribut	ions	from Individuals	Allasii Neessee		XOB STR	Sex III
Last Name		Firs	t	<u> </u>			M.L.
Edwards		La	nce				
Residential Street Address	City			<u></u>	State	Zip Code	
30 Congress St	Bridger			. <u> </u>	СТ	06604-	4005
Principal Occupation Deputy Fire Chief		1	of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No	r or business	he/she			Amoun	it of Conf	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state of the section L1? If yes, list Event # 081519a No	л —						\$100.00
If yes, itst Event # contract is with: Method of contribution: Image: Cash Personal Check Credit/Debit Card Payroll Deduction		ecutiv	e Legisl Date Received 08/15/2019	Aggregate contributions \$100.00	-		
Last Name		Firs		\$100.00	·	· · · · ·	ML
Auerbach			ven				
Residential Street Address	City				State	Zip Code	
151 Kennedy Dr	Bridgep		(F))		СТ	06606-	5917
Principal Occupation Director of Meters & Parking			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ve No If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amoun	t of Cont	ribution
Is this contribution associated with an \checkmark Yes Is contributor a principal of a statement reported in Section 1.12	te contractor	or pros	pective state contractor	? Yes			@100.00
If yes, indicate which branch o branches of government the	_	ecutiv	e 🗌 Legisla				\$100.00
Method of contribution:		ccuiiv	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	08/15/2019	\$550.00			
Last Name		First	I				M.I.
Rolfe		Ro	nald				J
Residential Street Address	City				State	Zip Code	·
67 Homestead Ave	Bridgep				СТ	06605-3	3445
Principal Occupation Deputy Fire Chief			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of Municipality does contributor municipality valued at more th	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an vert reported in Section L1? Is contributor a principal of a stat <i>If yes</i> , list Event # 081519a No contract is with:	r	or pros					\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er -	Date Received 08/15/2019	Aggregate contributions \$100.00			

\$300.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)	and the Ma	TY	PE OF REPORT	3-12	=9 - î	
Ganim for Bridgeport '19				7th	day preceding	primary		
A. Total Contributions from Small Contributors - Received this	Period O	NLY		1.01				
(See instructions for definition of Small Contributor)			Subtotal Secti	ion A				\$0.00
B. Itemized (Contribut	ions f	rom Individu	als	- 9- 2× 73	2 m		
Last Name		Firs	L					M.L.
Baraja		Jar	nes					Р
Residential Street Address	City	1				State	Zip Code	
300 Congress St	Bridgep	ort				СТ_	06604-	4065
Principal Occupation			of Employer					
Deputy Police Chief		City	of Bridgeport					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more to	or business			have a cont		Amour	at of Cont	ribution
Is this contribution associated with an Ves		or pros	pective state contr	actor?	Yes			\$100.00
event reported in Section L1? If yes, indicate which branch of branches of government the ontrop is with					√ No			\$100.00
contract is with.		ecutiv		gislative				
Method of contribution:	Money Ord	er	Date Received 08/15/2019	Agg	regate contributions \$100.00			
Last Name		First						M.I
Barros		Joa	10					
Residential Street Address	City					State	Zip Code	4400
591 Wilmot Ave	Bridgep					СТ	06607-	1108
Principal Occupation Baker		· · · · ·	of Employer Ves Bakery					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more th	or business l			have a cont		Атоци	t of Cont	ribution
Is this contribution associated with an event reported in Section [12] Is contributor a principal of a stat	e contractor	or pros	pective state contra	actor?	Yes			\$100.00
If yes, indicate which branch o	a		_		✓ No			\$100.00
If yes, list Event # 081519aNo branches of government the contract is with:	Ex	ecutiv	E Le	gislative				
Method of contribution:	Money Ord	er	Date Received 08/15/2019	Agg	regate contributions \$100.00			
Last Name		First						M.I.
Casanova		Luiz	2					
Residential Street Address	City					State	Zip Code	
12 Queach Rd	North B					CT	06471-	1255
Principal Occupation Law enforcement			of Employer of New Haven	1				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of municipality does contributor municipality valued at more th	or business h			nave a contr		Amoun	t of Cont	ribution
Is this contribution associated with an vent reported in Section L1?		or pros	pective state contra	actor?	Yes			\$100.00
If yes, list Event # 081519a If yes, indicate which branch or branches of government the contract is with:	_	ecutive	e 🗌 Lei	gislative	√ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 08/15/2019		regate contributions \$100.00			

\$300,00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT	22	14 - 18 J	
Ganim for Bridgeport '19 7th day preceding p			primary				
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	Contributi	ions f	rom Individuals		TRA		1801
Last Name		First					M.I.
Paris		Cha	arles				
Residential Street Address	City				State	Zip Code	
13 Barry Rd	Shelton				СТ	06484-	2615
Principal Occupation Police Officer			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amou	nt of Conf	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081519a No Is contributor a principal of a state of the section L1? If yes, list Event # 081519a No Is contract is with:	۰ 	or pros ecutiv	e 🗌 Legisl	ative			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 08/15/2019	Aggregate contributions \$100.00)		
Last Name		First					M.I.
White		Ro	vena				
Residential Street Address	City				State	Zip Code	
2675 Park Ave, 7	Bridgep				СТ	06604-	1358
Principal Occupation communications director			of Employer of bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of a municipality does contributor municipality valued at more th	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an \checkmark Yes Is contributor a principal of a state		or pros	pective state contractor	? Yes			\$100.00
If yes, list Event # 081519a No If yes, indicate which branch or branches of government the contract is with:	_	ecutiv					0100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/15/2019	Aggregate contributions \$500.00	ŀ		
Last Name		First					M.I.
Feliz		Dio	medes				Y
Residential Street Address 281 Ridgefield Ave	City Bridgep	ort			State CT	Zip Code 06610-3	2814
Principal Occupation			of Employer			1	
Barber		Evol	ution Barber Sho	P			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of s municipality does contributor municipality valued at more th	or business h han \$5,000?	he/she i	s associated with have Yes	a contract with said	Amoun	nt of Cont	ribution
Is this contribution associated with an Ves Is contributor a principal of a state		or pros	pective state contractor	? Yes			\$100.00
If yes, list Event # 081519a If yes, indicate which branch or branches of government the contract is with:	_	ecutive	e 🚺 Legisla	ative No			
Method of contribution:	Money Orde	er	Date Received 08/15/2019	Aggregate contributions \$800.00			

\$300.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Fili	ng Reposi	itory)		TYPE OF REPORT	1,8	1	
Ganim for Bridgeport '19				7th day preceding	primary		100011
A. Total Contributions from Small Contributors - Received this P	eriod O	NLY			_		
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Co	ntributi	ions fr	om Individuals	State of State of State	5 11 22	100	N 1872
Last Name		First					M.I.
Soares		Eug	enio				
Residential Street Address	City				State	Zip Code	
193 Comfield Rd	Milford				СТ	06461-	1704
Principal Occupation			of Employer				
Information Requested		Infor	nation Requeste	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more that	r business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081519a No If yes, list Event # 081519a	_	or prosp ecutive	_	✓ No			\$100.00
Method of contribution:	Money Orde	er	Date Received 08/15/2019	Aggregate contributions \$100.00			
Last Name		First	· · · ·				M.L
Cabral		Jose	•				
	City	1			State	Zip Code	
130 Harral Ave	Bridgepo	ort			СТ	06604-:	3001
Principal Occupation Machine Operator			of Employer ay Global				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$4 municipality does contributor or municipality valued at more that	r business h				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state of the section L1?	contractor o	or prosp	ective state contractor	? ☐Yes . ✔No			\$100.00
If yes, list Event # 081519a No branches of government the contract is with:	Exe	ecutive		tive			
Method of contribution: Cash Z Personal Check Credit/Debit Card Payroll Deduction N	Money Orde	er	Date Received 08/15/2019	Aggregate contributions \$100.00			
Last Name		First			_		M.I
Salgado		Fred	У				
	City				State	Zip Code	
575 Ellsworth St, 1B	Bridgepo				СТ	06605-2	2542
Principal Occupation Information Requested		Inform	f Employer nation Requester				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 wunicipality does contributor or municipality valued at more than	r business h n \$5,000?	e/she is	associated with have a	a contract with said	Amoun	it of Conti	ribution
Is this contribution associated with an Yes Is contributor a principal of a state of event reported in Section L1?	contractor o	or prosp	ective state contractor	? Yes			\$100.00
If yes, list Event # 081519a	Exe	ecutive	Legisla	tive No			1.00.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Aoney Orde	er	Date Received 08/15/2019	Aggregate contributions \$100.00			

\$300.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT			104
Ganim for Bridgeport '19				7th day preceding primary			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	Contributi	ions f	rom Individuals	i <u>stan</u> war			
Last Name		First					M.LS
Rodriguez		Jeh	u				
Residential Street Address	City				State	Zip Code	
4355 Main St	Bridgep				СТ	06606-2	2308
Principal Occupation			of Employer				
Owner			itt Canteen				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of Monitor municipality does contributor municipality valued at more th	or business	ndidate he/she i	committee for a chief of a sassociated with have	executive officer of a a contract with said No	Amour	nt of Cont	ribution
Is this contribution associated with an Ves Is contributor a principal of a stat	te contractor	or pros	pective state contractor	7 Yes			\$100.00
event reported in Section L1? If yes, indicate which branch of branches of government the contract is with:	_	ecutiv	e Legisla	ative No			\$100,00
Method of contribution:]Money Ord	er	Date Received 08/15/2019	Aggregate contributions \$100.00			
Last Name		First					M.L.
Benson		В. (Dyiboka				
Residential Street Address	City	<u> </u>	•	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
285 Laurel Ave, P. O. Box 38563	Bridgep	ort			СТ	06605-	1102
Principal Occupation Benefits Administrator			of Employer City Communitie	s			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of Mo municipality does contributor municipality valued at more th	or business l				Amour	t of Cont	ribution
Is this contribution associated with an Ves Is contributor a principal of a state	e contractor	or pros	pective state contractor	? Yes			\$100.00
event reported in Section L1? If yes, list Event # 081519a No If yes, indicate which branch or branches of government the contract is with:	_	ecutiv	e 🗍 Legisla				\$100.00
Method of contribution:			Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	08/15/2019	\$600.00			
Last Name		First					M.I.
Vermont		Car	olyn				
Residential Street Address	City				State	Zip Code	
90 Dodd Ave	Bridgep				СТ	06606-3	3029
Principal Occupation Community Liaison			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of wunicipality does contributor municipality valued at more th	or business l han \$5,000?	he/she i	s associated with have	a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an Ves Is contributor a principal of a state event reported in Section L1?		or pros	pective state contractor	? Yes			\$100.00
If yes, list Event # 081519a IN If yes, indicate which branch or branches of government the contract is with:	_	ecutive	e 🗌 Legisla	√ No ntive			- 19
Method of contribution:]Money Ord	er	Date Received 08/15/2019	Aggregate contributions \$350.00			

\$300.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with File	ing Reposi	itory)		TYPE OF REPORT			
Ganim for Bridgeport '19				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this I	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Co	ontributi	ons f	rom Individuals				
Last Name		First				2.0	M.I.
Ahnaf		Zar	nan				
Residential Street Address	City		-		State	Zip Code	
436 Rubber Ave	Naugati				СТ	06770-	3716
Principal Occupation Owner			of Employer k City Smoke & V	√ape			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$ municipality does contributor of municipality valued at more that	or business h				Amoun	it of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a state event reported in Section L1?	contractor	or pros	pective state contractor	? Yes			\$100.00
If yes, list Event # 081519a	Exc	ecutiv	e 🗌 Legisla	ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/15/2019	Aggregate contributions \$100.00			
Last Name	•	First		· · · · · · · · · · · · · · · · · · ·			M.L.
Gecewicz		Tho	omas				
Residential Street Address	City				State	Zip Code	
3900 Park Ave, Unit 7E	Bridgep				СТ	06604-	1032
Principal Occupation Health Officer/Program Manager			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor o municipality valued at more that	r business h				Amoun	t of Conf	ribution
Is this contribution associated with an \bigvee Yes Is contributor a principal of a state	contractor	or pros	pective state contractor	? Yes			\$100.00
event reported in Section L1? If yes, indicate which branch or If yes, list Event # 081519a No branches of government the contract is with:	Exe	ecutive	e 🗍 Legisla				\$100.00
Method of contribution:	Money Orde	er 🛛	Date Received 08/15/2019	Aggregate contributions \$700.00			
Last Name		First		÷			M.L.
Thode		Ric	hard				E
Residential Street Address	City Bridgep	ort			State CT	Zip Code 06604-	4005
30 Congress St	Bildgep		of Employer	· · ·	01	00004-	+005
Principal Occupation Fire Chief			of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No No No	r business h in \$5,000?	ie/she i:	s associated with have Yes	a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes indicate which branch or	contractor of	or pros	ective state contractor	? Yes			\$100.00
If yes, list Event # 081519a	Exe	ecutive	e 🗌 Legisla	ative No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ਸ਼	Date Received 08/15/2019	Aggregate contributions \$750.00			

\$300.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repos	itory)	No. of the	TYPE OF REPORT			I CONTRACTOR OF
Ganim for Bridgeport '19	for Bridgeport '19 7th day preceding primary						
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	Contributi	ions f	rom Individuals			l se at l	With 1
Last Name		First					MI
Silva		Peo	iro				J
Residential Street Address	City				State	Zip Code	
2006 North Ave	Bridgep	-			СТ	06604-2	2428
Principal Occupation Accounting			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Wno If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	it of Cont	ribution
Is this contribution associated with an very set of the section L1? Is contributor a principal of a state of the section L1? If yes, list Event # 081519a No contract is with:	и	or pros	_				\$100.00
Method of contribution:]Money Ord	er	Date Received 08/15/2019	Aggregate contributions \$100.00			
Last Name		First					M.I.:
Ford		Ral	ph				R
Residential Street Address 410 Mill Hill Ave	City Bridgep	ort			State CT	Zip Code 06610-2	2813
Principal Occupation		Name	of Employer			1	
Psychologist		Self	Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Very No If contribution is in excess of the spouse of the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state If yes, list Event # 081519a No Is contract is with:	r	or pros	_				\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/15/2019	Aggregate contributions \$100.00			
Last Name		First					M.I.
Cruz		Mar	ia				L
Residential Street Address 683 Brooks St	City Bridgep	ort			State CT	Zip Code 06608-1	215
Principal Occupation		Name	of Employer				
Food & Nutritional Coordinator		St Vi	ncent's Medical (Center			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of s municipality does contributor municipality valued at more th	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081519a No Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or prosi	_	⊡ res I∕ No			\$100.00
Method of contribution:	Money Orde	er	Date Received 08/15/2019	Aggregate contributions \$100.00			

\$300.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT	- 18 - ¹		8 W -
Ganim for Bridgeport '19				7th day preceding primary			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section	4			\$0.00
B. Itemized C	Contributi	ions f	rom Individuals	March 1998 The second	W37	725 11	10000
Last Name	• •	First					M.I.
Agueda		Ma	ria				м
Residential Street Address	City	h	<u>.</u>		State	Zip Code	
97A Yaremich Dr	Bridgep				СТ	06606-2	2580
Principal Occupation			of Employer				
Office Specialist		City	of Bridgeport	· · · · · · · · · · · · · · · · · · ·			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amour	it of Cont	ribution
Is this contribution associated with an \checkmark Yes Is contributor a principal of a state		or pros	pective state contracto	r? Yes			\$100.00
event reported in Section D1?	_	23		No			\$100.00
If yes, list Event # 0010104		ecutiv			ļ		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/15/2019	Aggregate contributions \$100.00			
Last Name		First			I		M.I.
Pelletier		Dai	1				s
Residential Street Address	City				State CT	Zip Code 06605-3	170
110 Ellsworth St	Bridgep	-	-6 12			1 00005-3	5179
Principal Occupation Information Requested			of Employer mation Requeste	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more th	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an Vyes Is contributor a principal of a state		or pros	pective state contractor	? Yes			\$100.00
If yes, indicate which branch or				No			\$100.00
If yes, list Event # 001519a contract is with:		ecutiv	e 🚺 Legisl	ative —			
Method of contribution:]Money Orde	er j	Date Received 08/15/2019	Aggregate contributions \$100.00			
Last Name		First					M.I.
De los Santos		Dor	is				
Residential Street Address	City				State	Zip Code	044
281 Ridgefield Ave	Bridgep				СТ	06610-2	(814
Principal Occupation Information Requested		Infor	of Employer mation Requeste				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No If contribution is in excess of S municipality does contributor - municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an very Yes Is contributor a principal of a state event reported in Section L1?		or pros	pective state contractor	? Yes			\$100.00
If yes, list Event # 081519a IN If yes, indicate which branch or branches of government the contract is with:		ecutive	e 🗌 Legisla	ative No			+100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er.	Date Received 08/15/2019	Aggregate contributions \$100.00			

\$300.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT	1. XTT		10 Percent
Ganim for Bridgeport '19				7th day preceding primary			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0,00
B. Itemized C	Contribut	ions fr	rom Individuals	Section with the work			
Last Name		First					M.I.
Clarke-Gravina		Nat	asha				
Residential Street Address	City				State	Zip Code	·
31 Doreen Dr	Bridgep	ort			СТ	06604-	1002
Principal Occupation			of Employer				
Information Requested		Infor	mation Requeste	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more t	or business l	he/she is			Amour	it of Cont	ribution
Is this contribution associated with an Vyes Is contributor a principal of a stat		or prosp	pective state contractor	? Yes			\$100.00
event reported in Section L1? If yes, list Event # 081519a If yes, list Event # 081519a If yes, list Event # 081519a	_	ecutive	e 🛄 Legisla	ative No			¢100.00
Method of contribution:	Money Ord	ler	Date Received 08/15/2019	Aggregate contributions \$100.00	•		
Last Name		First			•		M.L
Polite		Dav	ron				
Residential Street Address	City				State	Zip Code	
167 Winfield Dr	Stratfor				СТ	06615-	5638
Principal Occupation Police Officer			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of municipality does contributor municipality valued at more the second sec	or business				Amour	it of Cont	ribution
Is this contribution associated with an Ves Is contributor a principal of a stat	te contractor	or prosp	sective state contractor	? Yes			\$100.00
event reported in Section D1? [f yes, indicate which branch o	n		_	✓ No			\$100.00
If yes, list Event # 081519a INO branches of government the contract is with:		ecutive	E Legisla	ative —	ļ		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 08/15/2019	Aggregate contributions \$100.00			
Last Name		First					M.I.
Cruz		Anto	onio				
Residential Street Address	City				State	Zip Code	<u> </u>
683 Brooks St	Bridgep				СТ	06608-	1215
Principal Occupation Custodian			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an \checkmark Yes Is contributor a principal of a state avent reported in Section [12]		or prosp	ective state contractor	? Yes			\$100.00
event reported in Section L1? If yes, indicate which branch o If yes, list Event # 081519a No	_	ecutive	Legisla	wive No			÷
Method of contribution:]Money Ord	T	Date Received 08/15/2019	Aggregate contributions \$100.00			

\$300.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			1001				
Ganim for Bridgeport '19			7th day preceding	primary	,		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	ontributi	ions f	rom Individuals		62.1	78V051	
Last Name		Firs	1				M.I.
Bond		Me	hkai				L
Residential Street Address	City				State	Zip Code	
323 Fairfield Ave, Apt 102	Bridgep				СТ	06604-	4295
Principal Occupation Student		Name Stud	of Employer ent				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	or business l				Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state of the section L1? If yes, indicate which branch or branches of government the contract is with:	r	or pros		⊡ Tes ✓ No			\$100.00
Method of contribution:	Money Ord	er	Date Received 08/15/2019	Aggregate contributions \$100.00			
Last Name		First					M,I.
Perdomo Diaz		Enr	ique				
Residential Street Address	City				State	Zip Code	
465 Greenwood St	Bridgep				СТ	06606-	3828
Principal Occupation Barber			of Employer ution Barbershop	I			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of a municipality does contributor of municipality valued at more th	or business l				Amou	nt of Con	tribution
Is this contribution associated with an vent reported in Section L1? Is contributor a principal of a state of the section L1? If yes, list Event # 081519a No Section L1? Is contract is with:	_	or pros	e 🗌 Legisla	ative	-		\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/15/2019	Aggregate contributions \$100.00)		
Last Name		First					M.I
Jones		Ter	ron				
Residential Street Address 138 Olive St	City Bridgep	ort			State CT	Zip Code 06605-	
Principal Occupation Emergency Management		Name COE	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$ wunicipality does contributor of municipality valued at more th	or business h an \$5,000?	ne/she i	s associated with have: Yes	a contract with said	Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081519a No Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or pros	_				\$125.00
Method of contribution: Cash V Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/15/2019	Aggregate contributions \$125.00			

\$325.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
\$14,900.0	(Enter total on Line 13, Column A of Summary Page

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT							
Ganim for Bridgeport '19				7th day preceding primary			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
	ontributi	ions fi	om Individuals		670 <u>88</u> U	M88741	nem pol
Last Name		First					M.I.
Mobilio		Vin	cent				J
Residential Street Address	City	1			State	Zip Code	1
1920 Madison Ave	Bridgep	ort			СТ	06606-	4058
Principal Occupation		Name	of Employer			•	
Economic Develop.		City	of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of i wunicipality does contributor municipality valued at more th	or business l						
Is this contribution associated with an Ves Is contributor a principal of a stat	e contractor	or prosj	pective state contractor	r? Yes			\$200.00
If yes, list Event # 081519a	_	ecutive	e Legisl	ative No			φ200,00
Contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	<u> </u>	Date Received 08/15/2019	Aggregate contributions \$400.00			
]	First	00/10/2010	4400.00	1		M.I.
			madaa				Y
Feliz	C'm		nedes		State	Zip Code	<u>''</u>
Residential Street Address	City Bridgep	ort			State CT	06610-	2814
281 Ridgefield Ave Principal Occupation	Bildgop		of Employer		<i>.</i>		
Barber			ution Barber Sho	p			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more th	or business l	ndidate he/she is	committee for a chief s associated with have Yes	executive officer of a a contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an Vyes Is contributor a principal of a state	e contractor	or pros	ective state contractor	r? Yes	1		\$200.00
If yes, indicate which branch or branches of government the		ecutive	E Legisl				\$200.00
Method of contribution:			Date Received	Aggregate contributions	-		
	Money Ord	er 🛛	08/15/2019	\$800.00			
Last Name		First					M.I.
Carpenter		Jen	nifer				S
Residential Street Address	City				State	Zip Code	
12 Beacon View Dr	Fairfield	1		90 - X	СТ	06825-	3703
Principal Occupation			of Employer				
Deputy Chief of Staff		lowr	of Fairfield				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of specific nunicipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an Ves Is contributor a principal of a state event reported in Section L1?		or prosp	ective state contractor	? Yes			\$200.00
If yes, list Event # 081519a No If yes, indicate which branch or branches of government the contract is with:		ecutive	E Legisla	ative No			JLCO . OO
Method of contribution:	Money Orde	er	Date Received 08/15/2019	Aggregate contributions \$200.00			

\$600.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT	SS10	3101 N.	
Ganim for Bridgeport '19				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this	Period O	NLY	a 1910 - 23				
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
B. Itemized C	Contributi	ions f	rom Individuals	Lan or hear filter	-		
Last Name		Firs	t				M.I.
Hailey		Est	iher				м
Residential Street Address	City				State	Zip Code	1
434 Colorado Ave	Bridgep	ort			СТ	06605-	1705
Principal Occupation			of Employer				-
Information Requested			of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of 3 municipality does contributor municipality valued at more th	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an Ves Is contributor a principal of a state	e contractor	or pros	pective state contracto	r? Yes	1		* 05 00
If yes, indicate which branch or	r						\$25.00
If yes, list Event # 0010104 contract is with	Exc	ecutiv	e 🗌 Legisl	ative			ĺ
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/15/2019	Aggregate contributions \$25.00)		
Last Name		First			· · · · · · · · · · · · · · · · · · ·		M.I.
Appleby		Sco	ott				t
Residential Street Address	City				State	Zip Code	
93 Knorr Rd	Monroe				CT	06468-3	3114
Principal Occupation Director OEMHS			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of 3 municipality does contributor of municipality valued at more th	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an Ves Is contributor a principal of a state	e contractor o	or pros	pective state contractor	? Yes			
If yes, indicate which branch or	·						\$250.00
If yes, list Event # 081519a Diraches of government the contract is with:	Exe	ecutive	e 🗌 Legisla	ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received	Aggregate contributions			
Last Name	Money Orde		08/15/2019	\$850.00			
		First					M.I.
Denton		Cur	tis				J
Residential Street Address	City				State	Zip Code	200
955 Main St, Apt 808 Principal Occupation	Bridgepo		of Employer		СТ	06604-4	330
GIS			eport COB				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$ municipality does contributor of municipality valued at more that	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an Ves Is contributor a principal of a state event reported in Section L1?	contractor o	or prosp	ective state contractor	? Yes			\$250.00
If yes, list Event # 081519a No If yes, indicate which branch or branches of government the contract is with:	Exe	cutive	Legisla	tive No			Ψ200.00
Method of contribution: Cash V Personal Check Credit/Debit Card Payroll Deduction			Date Received 08/15/2019	Aggregate contributions \$250.00			

\$525.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + 8) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repos	itory)	8 2008 8	TYPE OF REPORT		_0.022	W IN ISS
Ganim for Bridgeport '19				7th day preceding	primary	r	
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
B. Itemized C	Contributi	ions f	rom Individuals				
Last Name	<u> </u>	Firs	1				M.I.
Rodriguez		Cla	ribel				
Residential Street Address	City				State	Zip Code	
439 Church Hill Rd	Trumbu				СТ	06611-	3837
Principal Occupation Insurance Agent			of Employer an Agency				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amou	nt of Con	tribution
Is this contribution associated with an very sevent reported in Section L1? Is contributor a principal of a stat If yes, list Event # 081519a No Is contract is with:	r	or pros ecutiv					\$250.00
Method of contribution: Cash Z Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 08/15/2019	Aggregate contributions \$250.00			
Last Name		First					M.I.
Esteves		Ca	rlos				
Residential Street Address	City				State	Zip Code	
1 Woody Crst	West Ha				СТ	06516-	7245
Principal Occupation Owner			of Employer Masonry LLC				
Is contributor a lobbyist, spouse, or If contribution is in excess of a dependent child of a lobbyist? If contribution is in excess of a municipality does contributor municipality valued at more the second	or business h				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081519a No Is contributor a principal of a state of the section L1? If yes, list Event # 081519a No Is contract is with:	r	or pros	_				\$250.00
Method of contribution: Cash	Money Orde	er	Date Received 08/15/2019	Aggregate contributions \$250.00			
Last Name		First					M.I.
DeJesus		Isol	ina				
Residential Street Address 33 Court A, # 129	City Bridgep	ort			State CT	Zip Code 06610-	3352
Principal Occupation Management			of Employer of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of 3 municipality does contributor municipality valued at more th	or business h				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081519a No Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or pros	e 🛄 Legisla	ative I es			\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	r	Date Received 08/15/2019	Aggregate contributions \$1,000.00			

\$750.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repo	silory,)	11.36	TYPE OF REPORT	-		- 07
Ganim for Bridgeport '19					7th day preceding			
A. Total Contributions from Small Contributors - Received th	is Period (ONL	7			<u>, , , , , , , , , , , , , , , , , , , </u>		
(See instructions for definition of Small Contributor)	Y LEAN			al Section	A			\$0.00
B. Itemized	Contribu	tions				199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199		
Last Name		Fin						ML
Gonzalez		Ra	rbara					146.1
Residential Street Address	City					State	75- 0-4-	<u> </u>
114 Intervale Rd	Bridge	port				CT	Zip Code 06610-	
Principal Occupation			e of Emplo	oyer				
Principle		Bey	ond Ho	mecare				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she	is associat	e for a chie ed with hav Yes	f executive officer of a e a contract with said	Amou	nt of Con	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081519a No If yes, list Event # 081519a	or	r or pros		ate contracto				\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Re 08/15	eceived	Aggregate contributions \$750.00			ĺ
Last Name		Firs						M.I.
Roxo		Jos	e					Р
Residential Street Address	City					State	Zip Code	
28 Canfield Dr	Shelton	ı				СТ	06484-	5765
Principal Occupation Owner		1_	of Emplo Const			·	<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess o municipality does contributo municipality valued at more	or or business i	ndidate he/she i	s associate	e for a chief ed with have Yes	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state which branches of government the contract is with:	or	or pros		te contracto	r? Yes			\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Re 08/25/		Aggregate contributions \$250.00			
Last Name		First						M.I.
Monteiro		Mar	io					
Residential Street Address	City					State	Zip Code	
654 Atlantic St	Bridgep			-		СТ	06604-5	312
Principal Occupation Plater Supervisor		Supe	of Employ rior Pla	ting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of municipality does contributor municipality valued at more to	or business h han \$5,000?	e/she is	associate	d with have Yes	a contract with said	Amount	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state of the section L1? If yes, indicate which branch of the section L1?		or prosp	ective stat	e contractor	LITES		:	\$250.00
If yes, list Event # 081519a No branches of government the contract is with:	Exe	cutive		Legisla	utive No			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order	r	Date Rec 08/15/2		Aggregate contributions \$250.00			

\$750.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

Page 25 of 147

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Repos	sitory)	NVANIL EX		TYPE OF REPORT			
Ganim for Bridgeport '19		_			7th day preceding	7th day preceding primary		
A. Total Contributions from Small Contributors - Received this	Period O	DNLY	100000					
(See instructions for definition of Small Contributor)			Subtotal	Section	A			\$0.00
B. Itemized C	ontributi	ions f	rom Indi	ividuals			1.201.000	
Last Name		First						MI
Scinto		Dei	nnis					
Residential Street Address	City	1.				State	Zip Code	
2641 Madison Ave	Bridgep	port				СТ	06606	
Principal Occupation			of Employe			-		
	i	City	of Bridge	eport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of S wunicipality does contributor of municipality valued at more that	or business t an \$5,000?	he/she i	s associated	with have es	a contract with said	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section 1? Yes		or pros	pective state	e contracto	r? Yes	1		#050.00
If yes, list Event # 081519a No branches of government the	_		-		. N o			\$250.00
Contract is with:		ecutive	L	Legisl		4		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Rece 08/15/2		Aggregate contributions \$950.00	1		
Last Name		First			4000.00	1		ML
Nembhard		Jerc	al					194.1
Residential Street Address	Čity				· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
321 River Rd, # 1	Sheiton					СТ	06484-	
Principal Occupation			of Employer				· · · · ·	
Information Requested		City c	of Bridger	port Pol	ice Department			1
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No If contribution is in excess of \$4 municipality does contributor or municipality valued at more that	r business he	didate c e/she is	committee for associated	with have	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state	contractor o	r prosp	ective state	contractor	? Yes	1		
If yes, list Event # 081519a	Exe	cutive	Г	Legisla				\$30.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order	r	Date Recei 08/15/20	ved	Aggregate contributions \$30.00			
Last Name		First					<u></u>	M.L
Valle		Maria	а					
	City					State	Zip Code	<u> </u>
	Bridgepo					ст	06608-1	1302
Principal Occupation Senior Aide			f Employer f Bridgep	ort				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$44 municipality does contributor or municipality valued at more than	business he 1 \$5,000?	/she is a	associated w	vith have a S	contract with said	Amount	of Conti	ribution
Is this contribution associated with an very reported in Section L1?	contractor or	prospe	ctive state c	contractor?	Yes			\$50.00
If yes, list Event # 081519a No branche of branche of branche of contract is with:	Exec	utive]Legisla				\$50,00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction M	loney Order		Date Receiv 08/15/20		Aggregate contributions \$175.00			

\$330.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT			
Ganim for Bridgeport '19						7th day preceding	primary		
A. Total Contributions from Small C	ontributors - Received this	s Period (ONLY	Y		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_	
(See instructions for definition of Small Con	ntributor)			Subtot	al Section	A			\$0.00
	B. Itemized	Contribut	tions	from In	dividuals				40.00
Last Name			Fir						ML
Perez			An	igel					
Residential Street Address		City	1 / 1	901			State	Zip Code	
2566-2568 Main St		Bridge	port				CT	06606	
Principal Occupation	· · · · ·		-	e of Emplo	уег				
Barber			Yoh	iel feliz					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	r or business	he/she	is associat	e for a chief ed with have Yes	executive officer of a e a contract with said	Amour	it of Con	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta		r or pro	spective st	ate contracto	or? Yes	1		
If yes, list Event # 081519a	If yes, indicate which branch of branches of government the	or							\$50.00
If yes, list Event # COTOTOG	contract is with:	Ex	cecutiv	/e		lative			
Method of contribution:	it Card Payroll Deduction	Money Ord	ler	Date Re 08/15		Aggregate contributions \$50.00	4		
Last Name			Firs	t					M.L
Urena			Tai	tiana					
Residential Street Address		City	<u></u> ,,,				State	Zip Code	┶╌─┥
108 Stillman St, Apt 2L		Bridgep	bort				СТ	06608-	1543
Principal Occupation Information Requested				of Emplo mation	_{ver} Requeste	ed	·		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business	ndidate he/she i	is associate	e for a chief xl with have Yes	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat	te contractor	or pros	pective sta	te contracto	r? Yes			
If yes, list Event # 081519a	If yes, indicate which branch of branches of government the	_			-				\$50.00
	contract is with:	Ex	ecutiv	e	Legisl	ative			
Method of contribution: Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Rei 08/15/		Aggregate contributions \$50.00			
Last Name			First			· · ·			M.L.
DosSantos			Arli	ndo					
Residential Street Address		City	L				State	Zip Code	·
167 Taft Ave		Bridgep	ort				СТ	06606-5	527
Principal Occupation Police				of Employ					
			City	of Bridg	eport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of 3 municipality does contributor o municipality valued at more th	or business h an \$5,000?	e/she is	s associate	d with have : Yes	a contract with said	Amount	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	ls contributor a principal of a state		or pros	pective stat	e contractor	? Yes			#E0.00
If yes, list Event # 081519a	If yes, indicate which branch or branches of government the contract is with:		cutive		Legisla				\$50 _, 00
Method of contribution: Cash Personal Check Credit/Debit		Money Orde		Date Rec 08/15/2	eived	Aggregate contributions \$50.00			
	· · · · · · · · · · · · · · · · · · ·								

\$150.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Ganim for Bridgeport '19					7th day preceding	primary	,	
A. Total Contributions from Small Contributors - Rece	ived this	s Period (ONLY	Y			_	
(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.00
B. Ita	emized (Contribut	tions	from Individual	s		212.2	
Last Name			Fir	st				M.L.
Gale			Jo	hn				
Residential Street Address		City			· · ·	State	Zip Code	- <u>L</u>
34 Summit Ridge Rd		Sheltor	ו			СТ	06484	-2014
Principal Occupation Police Lieutenant				e of Employer geport Police De	ent			
Is contributor a lobbyist, spouse, or Yes If contribution is in								
	contributor	or business	he/she	e committee for a chie is associated with hav Yes	f executive officer of a re a contract with said No	Amour	nt of Con	tribution
Is this contribution associated with an very set of the section L1? Is contributor a principle of the section L1?			or pro:	spective state contract	or? Yes	1		\$500.00
If yes, list Event # 081519a No branches of governm contract is with:		_	ecutiv	e 🗌 Legis	slative No			\$000.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll De	duction	Money Ord	er	Date Received 08/15/2019	Aggregate contributions \$500.00	1		
Last Name			Firs	ξ				M.I.
Brathwaite			Lee	9				
Residential Street Address		City	<u> </u>			State	Zip Code	┷──┤
51 E 125th St, FI 3		New Yo	ork			NY	10035-	1603
Principal Occupation Executive				of Employer		-	·	
				k Building Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	contributor	or business l	ndidate ne/she i	committee for a chief s associated with have	executive officer of a e a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an very result of the social section L1?			or pros	pective state contracto		1		
If yes, list Event # 081519a								\$500.00
Method of contribution:		Exe	cutive					
Cash Personal Check Credit/Debit Card Payroll Dec	Juction	Money Orde	भ	Date Received 08/15/2019	Aggregate contributions \$1,000.00			
Last Name			First			· · · · ·		M.I.
Roach			Bon	nie				в
Residential Street Address		City				State	Zip Code	<u> </u>
19 Quinlan Ave Principal Occupation		Bridgep				СТ	06605-3	3527
Senior Coordinator				of Employer of Bridgeport				
municipality does comunicipality does comunicipality valued	at more the	or business h an \$5,000?	e/she is	associated with have	✓ No	Amount	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?		contractor o	r prosp	ective state contracto	L res			\$100.00
If yes, list Event # 081519a No branches of governme contract is with:		Exe	cutive	Legisl	ative No			
Method of contribution: Cash Personal Check V Credit/Debit Card Payroll Dedu	uction	Money Order	,	Date Received 08/16/2019	Aggregate contributions \$200.00			

\$1,100.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Ganim for Bridgeport '19				7th day preceding	primary			
A. Total Contributions from Small Contributors - Received this	Period O	NLY						
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00	
B. Itemized Contributions from Individuals								
Last Name		Firs	l				M.1.	
Kadi		Iss	am					
Residential Street Address	City				State	Zip Code	;	
1062 Church Hill Rd	Fairfield	ł			СТ	06825-	-1323	
Principal Occupation Supervisor			of Employer					
		cob						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$ municipality does contributor municipality valued at more th	or business l an \$5,000?	he/she i	s associated with have	e a contract with said	Amour	it of Con	tribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state		or pros	pective state contracto	or? Yes]		\$100.00	
If yes, list Event # 081519a INo	_	ecutiv	e 🗌 Legis	lative			\$100.00	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 08/16/2019	Aggregate contributions \$700.00				
Last Name		First		· · · · · ·			M.I.	
DiLuca	i	Silv	ia					
Residential Street Address	City				State	Zip Code	<u> </u>	
1415 Wood Ave	Bridgep	ort			СТ	06604-	1426	
Principal Occupation Aging Department Coordinator			of Employer of Bridgeport					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No	r business h	didate e/she is	committee for a chief associated with have	executive officer of a a contract with said	Amoun	t of Cont	ribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state If yes, indicate which branch or	contractor o	or prosp	ective state contracto	res			\$50.00	
If yes, list Event # 081519a No branches of government the contract is with:	Exe	cutive	Legisl	ative No				
Method of contribution: Cash Personal Check Credit/Debit Card Payrol! Deduction	Money Orde	r	Date Received 08/16/2019	Aggregate contributions \$50.00				
Last Name	T	First	A.,				M.1.	
McQuade		Dav	id					
	City				State	Zip Code	<u> </u>	
20 Whitney Ferguson Rd, Unit 13 Principal Occupation	Vernon				СТ	06066-5	5054	
Consultant	L.		of Employer a Cullina LLP					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4 municipality does contributor or municipality valued at more that	v business he n \$5,000?	she is	associated with have Yes	a contract with said	Amount	t of Conti	ribution	
event reported in Section L1?	1? If yes, indicate which branch or \$100.0					\$100.00		
If yes, list Event # 082219a Dranches of government the contract is with:						[
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	foney Order		Date Received 08/19/2019	Aggregate contributions \$100.00				

\$250.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Ganim for Bridgeport '19					7th day preceding	primary	/	
A. Total Contributions from Small Contributors - Received	ed this Perio	od O	NLY					
(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.00
B. Iten	nized Contri	ibuti	ons f	rom Individuals	Contraction of			
Last Name			First					M.I.
Martin			Ang	ela				
Residential Street Address	City	,				State	Zip Code	<u> </u>
77 E Andrews Dr NW, 3318	Atla	inta				GA	30305-	1370
Principal Occupation Sales			Name AT&	of Employer	<u></u>			
dependent child of a lobbyist? I No municipality does communicipality valued a	ntributor or busi at more than \$5,0	ness h 000?	e/she i	s associated with have	No No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal If yes, indicate which branches of government contract is with:	branch or	_	or prosj cutive	_				\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Dedu	ction Money	/ Order	r	Date Received 07/09/2019	Aggregate contributions \$100.00			
Last Name			First					M.L
Keyes			Joh	n				
Residential Street Address	City			•	• · · · · · · · · · · · · · · · · · · ·	State	Zip Code	·
63 Marvel Rd	New	/ Hav	ven			СТ	06515-2	:117
Principal Occupation				of Employer nation Requeste	d		<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in ex- municipality does con municipality valued at	tributor or busin	ess he	didate o she is	committee for a chief associated with have	executive officer of a a contract with said No	Amoun	it of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052319a No Is contributor a principal If yes, indicate which b branches of government contract is with:	ranch or	_	r prosp cutive	ective state contractor	∐ Tes		:	\$500.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduc	tion Money	Order		Date Received 07/19/2019	Aggregate contributions \$500.00			[

\$600.00	SUBTOTAL Section B - This Page
\$14,900.00	TOTAL of Section B Pages
\$14,900.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

SEEC FORM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide	Complete Name	TYPE OF REPORT				
Ganim for Bridgeport '19	7th day preceding primary					
in the second		C1. Contribu	tions from Other (Committees		
Name of Committee IUOE Local 478 Policial A			Name of Tr Craig Me			
Address 1965 Dixwell Ave			s contribution associated w ted in Section L1?	vith an event Ves No If yes, list Event # 052319a	Amount of Contribution	
City Hamden	State CT	Zip Code 06514-2407	Date Received 07/01/2019	Aggregate Contributions \$1,500.00	\$1,000.00	

SUBTOTAL Section C1 - This Page	\$1,000.00
TOTAL of Section C1 Pages	\$1,000.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page	\$1,000.00

I. MONETARY RECEIPTS (Sections	A-K)	Page 31	of	147
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPOR	Г		
Ganim for Bridgeport '19	7th day precedir	ng primary		
Summary of Other Monetary Receipts (Sections D-	K)			1
Total Loans Received this Period (Section D)				\$0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+			\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+			\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +			\$0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+			\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	· · · · ·		\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+			\$0.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ganim for Bridgeport '1	9		7th day preceding primary				
	L1. Event Infe	ormation					
Event # Date of Event Letter 05/23/2019 a	Description Dinner Event			Was this a fundraising event? Yes No			
Location: Street Address 350 Fairfield Avenue	·····	City Bridgeport	State CT	Zip Code 06604			
Subpart 1: (All Com. Was this event hosted a Did this fundraiser inclu		Yes (If yes, go to Section L5 In-Kind Donations not Consider Contributions Associated with a House Party and comp required information for any purchases made by host(s) for beverage and invitations.)					
	\$200 or items donated by an individual	\square Yes (If yes, go to Section L4 In-Kind Donations not Considered \bigvee_{No} Contributions and complete required information.)					
	g sale, auction, or other sale of donated an individual of up to \$100?	Yes (<i>If yes,</i> enter To No	otal Receipts here.)				
	ommittees, Municipal Candidates and advertising space in a program book or h this fundraiser?	Yes (If yes, go to Se	r than Exploratory Comm ction L3 Purchases of Adve or on a Sign and complete	ertising Space in a			
Subpart 3: (Town Co Did your committee sell mass gathering held wit	food or beverage at a fair or similar	☐Yes (If yes, enter To ✔No	tal Receipts here.)				

\$0.00	SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	
\$0.00		
\$0.00	TOTAL of Section L1 Pages	
\$0.00	FOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport '1	9		7th day preceding primary			
	L1. Event Info	ormation				
Event # Date of Event Letter 08/15/2019 a	Description Cocktail Event			Was this a fundraising event?		
Location: Street Address 1279 North Avenue		City Bridgeport	Sta C1			
Subpart 1: (All Com Was this event hosted a	-	Contributions	Associated with a Ho ation for any purchase	nations not Considered ouse Party and complete as made by host(s) for food,		
	ude goods or services donated by a \$200 or items donated by an individual	Yes (If yes, go to Section L4 In-Kind Donations not Considered No Contributions and complete required information.)				
	g sale, auction, or other sale of donated an individual of up to \$100?	□Yes (<i>lf yes,</i> enter To ✓No	otal Receipts here.)			
	ommittees, Municipal Candidates and f advertising space in a program book or h this fundraiser?		ction L3 Purchases of	f Advertising Space in a		
Subpart 3: (Town Co Did your committee sell mass gathering held with	food or beverage at a fair or similar	^{Yes} (<i>If yes,</i> enter To ✓No	tal Receipts here.)			

\$0.00	SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	
\$0.00	SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	
\$0.00	TOTAL of Section L1 Pages	
\$0.00	OTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	

NAME OF COMMITTEE	(Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPORT			
Ganim for Bridgeport '1	9		7th day preceding primary			
	L1. Event Info	ormation	5 . O			
Event # Date of Event Letter 08/22/2019 a	Description Cocktail Event			Was this a fundraising event?		
Location: Street Address 753 Lakeside Avenue		City Bridgeport	State CT	Zip Code 06606		
Subpart 1: (All Com Was this event hosted a	-	Contributions		ations not Considered ise Party and complete made by host(s) for food,		
	ude goods or services donated by a \$200 or items donated by an individual	 Yes (If yes, go to Section L4 In-Kind Donations not Considered ✓ No Contributions and complete required information.) 				
	g sale, auction, or other sale of donated an individual of up to \$100?	^{Yes} (<i>If yes,</i> enter To ✓No	otal Receipts here.)			
	ommittees, Municipal Candidates and f advertising space in a program book or h this fundraiser?		ction L3 Purchases of	Advertising Space in a		
Subpart 3: (Town Co Did your committee self mass gathering held with	food or beverage at a fair or similar	Yes (If yes, enter To ✓ No	otal Receipts here.)			

\$0.00	SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	
\$0.00	SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	
\$0.00	TOTAL of Section L1 Pages	
\$0.00	TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	

SEEC FORM 20 Revised January 2015

III. NONMONETARY RECEIPTS (Sections M-O)

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)	TYPE OF REPO	ORT		
Ganim for Bridgeport '19		7th day preced	7th day preceding primary		
	M. In-Kind Contributio	ons			
Name Ursula Meyer					
Street Address 753 Lakeside Dr	City Bridge	eport	State CT	Zip Code 06606-1950	
Type of Contributor: Committee Date Recei	TIRRICA CONTINUES	Description of In-Kind Contribution Food for Fundraiser		· · · · ·	
dependent child of a lobbyist?	ibution is in excess of \$400 to a candidate com pality does contributor or business he/she is as pality valued at more than \$5,000?			ket Value of this ntribution	
event reported in Section L1?	s contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	r prospective state contractor? Yes ecutive Legislative No		\$404.00	

\$404.00	SUBTOTAL Section M - This Page
\$404.00	TOTAL of Section M Pages
\$404.00	TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			io Enn.			
Ganim for Bridgeport	Ganim for Bridgeport '19 7th day preceding			primary		
P. Expenses Paid by Committee						
Name of Payee Stop & Shop			11	Date of Payment 08/20/2019	Method o Check	
Street Address 1160 Kings Highway	/ Cutoff	City Fairfield		······	State CT	Zip Code 06824-5271
Purpose of Expenditure (by code) OFFICE	Description		Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re)	ndent	cked)		\$102.07
Name of Payee Google Ads				Date of Payment 08/30/2019	Method of Check	#
Street Address 76 9th Ave		City New York			State NY	Zip Code 10011-4962
Purpose of Expenditure (by code) A-WEB	Description		Even	t #		Amount
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) Image: Coordinated with reimbursement sought (joint expenditure) Image: Coordinated without reimbursement sought (in-kind contribution) Image: Coordinated without reimbursement sought (in-kind contribution)					\$103.74	
Name of Payee Joshua Dellaquila					Method of Check	# <u>1353</u>
Street Address 2855 Fairfield Ave, #	2F	City Bridgeport			State CT	Zip Code 06605-3211
Purpose of Expenditure (by code) CNSLT	Description		Event	.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	e)	ident	ked)		\$1,250.00
Name of Payee				Date of Payment	Method of	
Stop & Shop	, a di			08/20/2019	Check	
Street Address 2145 Fairfield Ave		City Bridgeport			State CT	Zip Code 06605-2639
Purpose of Expenditure (by code) FOOD	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemitation in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee) e) Indepen	dent			\$14.64

SUBTOTAL Section P - This Page	\$1,470.45
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53
IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT							
Ganim for Bridgeport '19 7th day preceding p		primary					
M AND MARK PROVIDE	P. Expens	es Paid by Commi	ttee			A STATE OF THE OWNER	
Name of Payee Mirella Villacres				Date of Payment 08/20/2019	Check	Method of Payment Check # 1272 Debit Card EFT	
Street Address 90 Garfield Ave	•	City Bridgeport			State CT	Zip Code 06606-5267	
Purpose of Expenditure (by code) CNSLT	Description		Even	ŧ#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ked)		\$145.00	
Name of Payee Downtown Cafe				Date of Payment 07/30/2019	Method of Check	#	
Street Address 211 State St		City Bridgeport			State CT	Zip Code 06604-4808	
Purpose of Expenditure (by code) FOOD	Description		Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re)	ident	ked)		\$15.00	
Name of Payee Sonia Belardo				Date of Payment 07/30/2019	Method of Check	# <u>1015</u>	
Street Address 730 Palisade Ave, Ap	ot C11	City Bridgeport			State CT	Zip Code 06610-3470	
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee) e) Indepen	dent			\$150.00	
Name of Payee				Date of Payment	Method of		
211 State Street, LLC	; 			08/20/2019	Check		
Street Address 211 State St		City Bridgeport			State CT	Zip Code 06604-4808	
Purpose of Expenditure (by code) OVHD	Description		Event	#	,	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required um None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) e) Independent	lent	ed)		\$2,000.00	

SUBTOTAL Section P - This Page	\$2,310.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

IV. EXPENDITURES (Sections P-T)

Page 38 of 147

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport	anim for Bridgeport '19 7th day preceding		primary			
	P. Expens	es Paid by Commi	ttee		-	and the second second
Name of Payee USPS - Bridgeport			1.51	Date of Payment 08/20/2019	Method of Check	#
Street Address 120 Middle St		City Bridgeport	_	·	State CT	Zip Code 06602-9998
Purpose of Expenditure (by code) POST	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) (re) Independent	ndent	∴ked) □A □B □C □D		\$24.95
Name of Payee Dunkin Donuts				Date of Payment 08/30/2019	Method of Check	#
Street Address 2427 Main St		City Bridgeport			State CT	Zip Code 06606-5325
Purpose of Expenditure (by code) FOOD	Description		Event	.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	ked)		\$25.98
Name of Payee Testo's Pizzeria				Date of Payment 08/20/2019	Method of Check	#
Street Address 1023 Brooklawn Ave		City Fairfield			State CT	Zip Code 06825-1812
Purpose of Expenditure (by code) FOOD	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e)	dent			\$285.80
Name of Payee Vazzy's Brick Oven				Date of Payment 08/30/2019	Method of Check	# <u>1022</u>
Street Address 513 Broadbridge Rd		City Bridgeport			State CT	Zip Code 06610-1240
Purpose of Expenditure (by code) FNDR	Description Food		Event 0822			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contra-	committee) e) Independent	dent	ed)		\$300.00

SUBTOTAL Section P - This Page	\$636.73
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	1.5	TYPE OF REPORT		
Ganim for Bridgeport	Sanim for Bridgeport '19 7th day preceding			primary		
	P. Expens	es Paid by Commi	ittee		- 30,00	
Name of Payee Marlin Strategies, Ll	LC			Date of Payment 08/20/2019		f Payment # 1274 Card EFT
Street Address 6813 Buttermere Ln		City Bethesda			State MD	Zip Code 20817-1529
Purpose of Expenditure (by code) CNSLT	Description		Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent	cked)		\$3,000.00
Name of Payee Alex Dobert				Date of Payment 07/30/2019	Method of Check	# <u>1044</u>
Street Address 4225 43rd St NW		City Washington			State DC	Zip Code 20016-2411
Purpose of Expenditure (by code) WEB	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	iked)		\$3,500.00
Name of Payee Larissa Smith				Date of Payment 08/30/2019	Method of Check	# 1352
Street Address 677 Sylvan Ave		City Bridgeport			State CT	Zip Code 06606-3074
Purpose of Expenditure (by code) CNSLT	Description		Event	*		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee) e) Indepen	dent	ked)		\$45.00
Name of Payee				Date of Payment	Method of	Payment
Evolution Sports Bar	& Lounge			08/30/2019	Check	# 1020
Street Address 1279 North Ave		City Bridgeport			State CT	Zip Code 06604-2717
Purpose of Expenditure (by code) FNDR	Description Food		Event 0815			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) e) Independent	dent			\$450.00

SUBTOTAL Section P - This Page	\$6,995.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	dgeport '19 7th day preceding pr			primary		
	P. Expens	es Paid by Commi	ttee			
Name of Payce Voice Broadcast				Date of Payment 07/30/2019	Method of Check	#
Street Address		City		L	State	Zip Code
Purpose of Expenditure (by code) A-ATM	Description		Even	.t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee) re) Indeper	ndent			\$575.00
Name of Payee Rosa's Florist LLC				Date of Payment 08/30/2019	Method of Check	
Street Address 3622 Main St		City Bridgeport			State CT	Zip Code 06606-3605
Purpose of Expenditure (by code) FNDR	Description Balloons		Even(082)	1# 219a		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re)	ident	ked)		\$60.00
Name of Payee David Heard				Date of Payment 08/30/2019	Method of Check	# 1352
Street Address 1450 Main St		City Bridgeport			State CT	Zip Code 06604-3646
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee) e) Indepen	dent	ked)		\$60.00
Name of Payee Stop & Shop				Date of Payment 08/20/2019	Method of Check	* <u></u>
Street Address 2145 Fairfield Ave		City Bridgeport			State CT	Zip Code 06605-2639
Purpose of Expenditure (by code) FOOD	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr	committee)	lent	.ed)		\$8.91

SUBTOTAL Section P - This Page	\$703.91
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport '19 7th day preceding pr			primary			
	P. Expense	es Paid by Commi	ttee			
Name of Payee Staples				Date of Payment 08/30/2019	Method of Check	#
Street Address 1201 Kings Hwy, Ste	2	City Fairfield		•	State CT	Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	Description		Even	¢.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	ked)		\$889.30
Name of Payee Lynne Myers				Date of Payment 07/30/2019	Method of Check	# 1043
Street Address 259 Laurel Ave		City Bridgeport			State CT	Zip Code 06605-1102
Purpose of Expenditure (by code) CNSLT	Description		Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re)	ident	ked)		\$97.50
Name of Payee Cynthia Jackson				Date of Payment 08/21/2019	Method of Check	# <u>1279</u>
Street Address 303 Judson Pl		City Bridgeport			State CT	Zip Code 06610-2918
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) e) Indepen	dent	ked)		\$105.00
Name of Payee Robert Anderson				Date of Payment 08/31/2019	Method of Check	# 1344
Street Address 259 Trumbull Ave		City Bridgeport			State CT	Zip Code 06606-1535
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee) e) Independent	dent	ked)		\$1,275.00

SUBTOTAL Section P - This Page	\$2,366.80
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport '19 7th day preceding pr		primary				
	P. Expense	es Paid by Commit	itee			
Name of Payee Vanessa Hernandez				Date of Payment 08/31/2019	Method of Check	# 1361
Street Address 334 Dayton Rd		City Bridgeport		L	State CT	Zip Code 06606-3112
Purpose of Expenditure (by code) CNSLT	Description	- · · · · · · · · · · · · · · · · · · ·	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	∴ked)		\$135.00
Name of Payee Testo's Pizzeria				Date of Payment 08/01/2019	Method of Check	#EFT
Street Address 1023 Brookiawn Ave		City Fairfield			State CT	Zip Code 06825-1812
Purpose of Expenditure (by code) FOOD	Description	4 <u></u> ,	Even	t.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: None of the below (does not involve another candidate o Image: Coordinated with reimbursement sought (joint expenditu Image: Coordinated without reimbursement sought (in-kind control of the control of	r committee) re) Indepen	ndent			\$142.90
Name of Payee Jaheen Gomez				Date of Payment 08/31/2019	Method of Check	# <u>1358</u>
Street Address 389 Catherine St	<u></u>	City Bridgeport			State CT	Zip Code 06604-3229
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	cked) □A □B □C □D		\$15.00
Name of Payee Jaheen Gomez				Date of Payment 08/31/2019	Method of Check	# <u>1362</u>
Street Address 389 Catherine St	. <u></u>	City Bridgeport			State CT	Zip Code 06604-3229
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re) Indepen	ndent			\$15.00

\$307.90	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport '	19			7th day preceding	orimary	
	P. Expense	es Paid by Commit	itee			
Name of Payee Executive Office Serv	vices			Date of Payment 07/11/2019	Method of Check	# <u>1027</u>
Street Address 2085 Madison Ave		City Bridgeport		<u></u>	State CT	Zip Code 06606-3234
Purpose of Expenditure (by code) A-OTH	Description	·	Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control)	r committee) re) Indeper	ndent	ked) ▲ □ B □ C □ D		\$159.53
Name of Payee Bagel King of Bridge	port			Date of Payment 07/31/2019	Method of Check	#EFT
Street Address 276 Fairfield Ave		City Bridgeport			State CT	Zip Code 06604-4208
Purpose of Expenditure (by code) FOOD	Description		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$170.34
Name of Payee Momentum Commun	ications			Date of Payment 07/31/2019	Method of Check	# <u>1045</u>
Street Address 22 Hopewell Woods	Rd	City Redding			State CT	Zip Code 06896-1725
Purpose of Expenditure (by code) A-WEB	Description	<u> </u>	Even	. #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ked)		\$2,000.00
Name of Payce BJ's Whole Sale War	rehouse			Date of Payment 07/01/2019	Method of Check	#
Street Address 40 Black Rock Tpke		City Fairfield			State CT	Zip Code 06825-5507
Purpose of Expenditure (by code) MISC	Description Kickoff party supplies	<u> </u>	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ked) □A □B □C □D		\$210.86

\$2,540.73	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

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IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport '19 7th day preceding p		primary				
	P. Expense	es Paid by Commit	ttee		11 Xee	
Name of Payee Harland Clarke	Harland Clarke 08/21/2019		Check	Method of Payment Check # Debit Card EFT		
Street Address 15955 La Cantera Pl	kwy	City San Antonio			State TX	Zip Code 78256-2589
Purpose of Expenditure (by code) OFFICE	Description		Even	₹ <i>#</i>		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemication in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditue Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	sked) □A □B □C □D	en	\$268.92
Name of Payee Arleen Pagan				Date of Payment 08/31/2019	Method of Check	# <u>1359</u>
Street Address		City			State	Zip Code
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re)	ident	ked)		\$30.00
Name of Payee Marie Hernandez				Date of Payment 08/31/2019	Method of Check	# 1356
Street Address 64A Chestnut St		City Bridgeport			State CT	Zip Code 06604-2683
Purpose of Expenditure (by code) CNSLT	Description		Event	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	e) Indepen	dent	ked)		\$367.50
Name of Payee Maria Hernandez				Date of Payment 08/31/2019	Method of Check	<u># 1355</u>
Street Address 201 Arctic St		City Bridgeport			State CT	Zīp Code 06608-1829
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required up None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) e) Indepen	dent	ked)		\$412.50

\$1,078.92	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	100	TYPE OF REPORT		
Ganim for Bridgeport	'19 7th day preceding p			ргітагу		
	P. Expense	es Paid by Commit	ttee			
Name of Payee Ralph R Ford		- Marco (19)		Date of Payment 08/21/2019	Method of Check	# <u>1277</u>
Street Address 410 Mill Hill Ave	······································	City Bridgeport			State CT	Zip Code 06610-2813
Purpose of Expenditure (by code) RMB	Description	· · · · ·	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	Cked)		\$462.85
Name of Payee Mirella Villacres				Date of Payment 08/31/2019	Method of Check	<u># 1360</u>
Street Address 90 Garfield Ave		City Bridgeport			State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	A B C D		\$472.50
Name of Payee Executive Office Sen	vices			Date of Payment 08/01/2019	Method of Check	# <u>1039</u>
Street Address 2085 Madison Ave	· · ·	City Bridgeport			State CT	Zip Code 06606-3234
Purpose of Expenditure (by code) A-OTH	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	ked) ▲ □ B □ C □ D		\$478.58
Name of Payee Joshua Dellaquila				Date of Payment 07/31/2019	Method of Check	# 1042
Street Address 2855 Fairfield Ave, #	2F	City Bridgeport			State CT	Zip Code 06605-3211
Purpose of Expenditure (by code) RMB	Description		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	re)	ident	ked)		\$689.08

SUBTOTAL Section P - This Page	\$2,103.01
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

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IV. EXPENDITURES (Sections P-T)

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NAME OF COMMETTE	E (Provide Complete Name as Registered with Filing	Repository		TYPE OF REPORT		
Ganim for Bridgeport				7th day preceding	primary	
A CONTRACTOR OF A CONTRACT	P. Expense	es Paid by Commit	itee			
Name of Payee Michelle Jackson		2	3.1	Date of Payment 08/21/2019	Method of Check	# 1278
Street Address 50 Ridgefield Ave, U	nit 412	City Bridgeport			State CT	Zip Code 06610-3107
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	r committee) re)	ndent	:ked) □A □B □C □D		\$90.00
Name of Payee Alexis Novella				Date of Payment 08/12/2019	Method of Check	# <u>1123</u>
Street Address 140 Fairfield Ave, Ap	t 7H	City Bridgeport			State CT	Zip Code 06604-4237
Purpose of Expenditure (by code) CNSLT	Description		Even	1.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re)	Ident	ked)		\$105.00
Name of Payee Sonia Jefferson				Date of Payment 08/12/2019	Method of Check	# 1142
Street Address 730 Palisade Ave, Ar	ot C5	City Bridgeport			State CT	Zip Code 06610-3445
Purpose of Expenditure (by code) CNSLT	Description		Even	. #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	re)	dent	ked)		\$112,50
Name of Payee Michelle Lindsay				Date of Payment 08/02/2019	Method of Check	# 1070
Street Address 331 Maple St		City Bridgeport		······································	State CT	Zip Code 06608-1922
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind contr	e)	dent	ked)		\$112.50

SUBTOTAL Section P - This Page	\$420.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	im for Bridgeport '19 7th day preceding p		primary			
	P. Expens	es Paid by Commi	ttee		The Party of the P	
Name of Payee Michelle Jackson				Date of Payment 08/02/2019	Method of Check	# <u>1062</u>
Street Address 50 Ridgefield Ave, U	Init 412	City Bridgeport		•	State CT	Zip Code 06610-3107
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	cked) □A □B □C □D		\$112.50
Name of Payce Luzina Galberth				Date of Payment 08/12/2019	Method of Check	# <u>1136</u>
Street Address 156 Norman St		City Bridgeport			State CT	Zip Code 06605-1523
Purpose of Expenditure (by code) CNSLT	Description		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re)	ident	ked)		\$112.50
Name of Payee Jeffrey Stanley				Date of Payment 08/12/2019	Method of Check	# <u>1131</u>
Street Address 1108 Fairfield Ave		City Bridgeport			State CT	Zip Code 06605-1118
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control)	committee) Indepen	dent	ked)		\$120.00
Name of Payee John J Smith				Date of Payment 08/12/2019	Method of Check	# <u>1132</u>
Street Address 5 Bittersweet Rd		City Weston			State CT	Zip Code 06883-3001
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr	committee) e) Independent	dent			\$120.00

SUBTOTAL Section P - This Page	\$465.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			SALVAN I			
Ganim for Bridgeport '19 7th day preceding p		primary				
	P. Expense	es Paid by Commit	ttee	C		- 0 W W
Name of Payee Joshua Dellaquila				Date of Payment 08/02/2019	Method of Check	# <u>1049</u>
Street Address 2855 Fairfield Ave, #	2F	City Bridgeport	_	· · · · · · · · · · · · · · · · · · ·	State CT	Zip Code 06605-3211
Purpose of Expenditure (by code) CNSLT	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	ked)		\$1,250.00
Name of Payee Joshua Dellaquila				Date of Payment 07/12/2019	Method of Check	# 1026
Street Address 2855 Fairfield Ave, #	2F	City Bridgeport			State CT	Zip Code 06605-3211
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	ked)		\$1,250.00
Name of Payee Joshua Dellaquila			£	Date of Payment 07/22/2019	Method of Check	#_1029
Street Address 2855 Fairfield Ave, #	2F	City Bridgeport			State CT	Zip Code 06605-3211
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re)	ident	ked)		\$1,250.00
Name of Payee Naima West				Date of Payment 08/02/2019	Method of Check	# 1080
Street Address 702 Central Ave		City Bridgeport		- .	State CT	Zip Code 06607-1701
Purpose of Expenditure (by code) CNSLT	Description		Event	1.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind contra	re)	ndent	ked)		\$127.50

\$3,877.50	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	'19			7th day preceding	primary	_
	P. Expense	es Paid by Commi	itee			
Name of Payee Beronica Gill				Date of Payment 08/02/2019	Method of Check	# <u>1056</u>
Street Address 702 Bishop Ave		City Bridgeport			State CT	Zip Code 06610-3053
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ked)		\$127.50
Name of Payee Beverly Cox				Date of Payment 08/02/2019	Method of Check	# 1054 Card EFT
Street Address 376 E Washington A	ve	City Bridgeport			State CT	Zip Code 06608-2149
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$127.50
Name of Payee Nina Thomas				Date of Payment 08/12/2019	Method of Check	# <u>9407574</u>
Street Address PO Box 344		City Bridgeport			State CT	Zip Code 06601-0344
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	ked)		\$135.00
Name of Payee Latara Clark				Date of Payment 08/12/2019	Method of Check	# <u>1134</u>
Street Address 85 Birch Dr		City Stratford		· · · · · · · · · · · · · · · · · · ·	State CT	Zip Code 06615-7432
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	ked)		\$135.00

\$525,00	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	335783	
Ganim for Bridgeport	19			7th day preceding	primary	
	P. Expense	es Paid by Commit	itee			
Name of Payee Marie Hernandez				Date of Payment 08/12/2019	Method of Check	# <u>1149</u>
Street Address 64A Chestnut St	· · · · · · · · · · · · · · · · · · ·	City Bridgeport			State CT	Zip Code 06604-2683
Purpose of Expenditure (by code) CNSLT	Description	L	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	.ked) □A □B □C □D		\$135.00
Name of Payee T-Mobile				Date of Payment 08/12/2019	Method of Check	#EFT
Street Address 265 E Main St		City Bridgeport			State CT	Zip Code 06608-2715
Purpose of Expenditure (by code) OVHD	Description	<u> </u>	Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Coordinated with reimbursement sought (joint expenditu Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind control	r committee) re) Indepen	ndent	ked)		\$140.63
Name of Payee Tramaine Pettway				Date of Payment 08/02/2019	Method of Check	# <u>1072</u>
Street Address 45 Mead St		City Bridgeport		<u> </u>	State CT	Zip Code 06610-2721
Purpose of Expenditure (by code) CNSLT	Description	· · · · · ·	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Type of Expenditure (Itemization in Addendum P Required u Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) (re) Indepen	ndent	ked) □A □B □C □D		\$142.50
Name of Payee Rashien Leak				Date of Payment 08/12/2019	Method of Check	# <u>1139</u>
Street Address 112 Clinton Ave		City Bridgeport			State CT	Zip Code 06605-1732
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee) (Independence)	ndent	ked)		\$142.50

\$560.63	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	-5	TYPE OF REPORT		
Ganim for Bridgeport '				7th day preceding	primary	
Can and comments where	P. Expense	es Paid by Commit	tee			
Name of Payee Jack Freeman				Date of Payment 08/12/2019	Method of Check	# 9407528
Street Address 170 Prince St	Lee and a second se	City Bridgeport			State CT	Zip Code 06610-2927
Purpose of Expenditure (by code) CNSLT	Description	I	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	dent	ked)		\$15.00
Name of Payec Victor Johnson				Date of Payment 08/12/2019	Method of Check	# <u>9407526</u>
Street Address 33 Washington Ter		City Bridgeport			State CT	Zip Code 06604-3417
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	dent			\$15.00
Name of Payee Sonia Belardo				Date of Payment 08/12/2019	Method of Check	# 1122
Street Address 730 Palisade Ave, A	ot C11	City Bridgeport		<u> </u>	State CT	Zip Code 06610-3470
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re)	dent			\$150.00
Name of Payee Nancy Bonilla				Date of Payment 08/12/2019	Method of Check	# <u>1137</u>
Street Address		City Bridgeport		<u>к,</u>	State CT	Zip Code 06607-2305
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) (Independent) (Independent)	ndent			\$150.00

\$330.00	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport '	19			7th day preceding	primary	
		es Paid by Commi	ttee		and the second	T Ve X III
Name of Payce Shwan Davis				Date of Payment 08/12/2019	Method of Check	# <u>1141</u>
Street Address 354 Iranistan Ave		City Bridgeport			State CT	Zip Code 06604-5840
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	cked)		\$150.00
Name of Payee Ralsteeni Hall				Date of Payment 08/12/2019	Method of Check	# 1138 Card EFT
Street Address 34 Richardson St		City Bridgeport			State CT	Zip Code 06610-1637
Purpose of Expenditure (by code) CNSLT	Description	· · · · · ·	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	cked)		\$157.50
Name of Payee James Jefferson				Date of Payment 08/02/2019	Method of Check	# <u>1063</u>
Street Address 320 East Ave	<u></u>	City Bridgeport			State CT	Zip Code 06610-2904
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent			\$172.50
Name of Payee Yahan Lefevre				Date of Payment 08/02/2019	Method of Check	# <u>1069</u>
Street Address 404 Shelton St		City Bridgeport		· · · · · · · · · · · · · · · · · · ·	State CT	Zip Code 06608-1634
Purpose of Expenditure (by code) CNSLT	Description		Even	f #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re) Indepe	ndent			\$172.50

SUBTOTAL Section P - This Page	\$652.50
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport "				7th day preceding	orimary	
	P. Expense	es Paid by Commit	tee		will som	
Name of Payee Maria I Hernandez				Date of Payment 08/12/2019	Method of Check	# <u>1147</u>
Street Address 201 Arctic St		City Bridgeport			State CT	Zip Code 06608-1829
Purpose of Expenditure (by code) CNSLT	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	adent	cked)		\$175.00
Name of Payee George Jordan				Date of Payment 08/12/2019	Method of Check	# 1128 CardEFT
Street Address 66 Poplar St, #1		City Bridgeport			State CT	Zip Code 06605-1973
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$180.00
Name of Payee Timiesha Rivera				Date of Payment 08/02/2019	Method of Check	<u>* 1074</u>
Street Address 206 Black Rock Ave		City Bridgeport			State CT	Zip Code 06605-1237
Purpose of Expenditure (by code) CNSLT	Description		Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) (re)	ndent			\$180.00
Name of Payee David Heard				Date of Payment 08/02/2019	Method of Check	# <u>1060</u>
Street Address 1450 Main St		City Bridgeport			State CT	Zip Code 06604-3646
Purpose of Expenditure (by code) CNSLT	Description	· ····	Ever			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	r committee) Indepe	ndent	cked)		\$180.00

\$715.00	SUBTOTAL Section P - This Page	3 11
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	225

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	19			7th day preceding	primary	
These I geographics	P. Expense	es Paid by Commi	itee		- 201	
Name of Payee Shakeema Gill		<u> </u>		Date of Payment 08/02/2019	Method of Check	# <u>1058</u>
Street Address 702 Bishop Ave		City Bridgeport			State CT	Zip Code 06610-3053
Purpose of Expenditure (by code) CNSLT	Description	•	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u V None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$180.00
Name of Payee Tawana Johnson				Date of Payment 08/02/2019	Method of Check	# 1066
Street Address 262 Adams St		City Bridgeport			State CT	Zip Code 06607-2403
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemitation in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ident	Cked)		\$187.50
Name of Payee 211 State Street, LLC	2			Date of Payment 07/02/2019	Method of Check	# <u>0094</u>
Street Address 211 State St	· · · · · · · · · · · · · · · · · · ·	City Bridgeport			State CT	Zip Code 06604-4808
Purpose of Expenditure (by code) OVHD	Description Rent		Even	c #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$2,000 00
Name of Payee Tania Whitley				Date of Payment 08/02/2019	Method of Check	# <u>1081</u>
Street Address 1372 Kossuth St		City Bridgeport		·	State CT	Zip Code 06608-1135
Purpose of Expenditure (by code) CNSLT	Description	·	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent			\$210.00

\$2,577.50	SUBTOTAL Section P - This Page
\$159,965 53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT		2.5				
Ganim for Bridgeport '	19			7th day preceding	orimary	
	P. Expense	es Paid by Commit	ttee			
Name of Payce Defisia Boyd				Date of Payment 08/02/2019	Method of Check	# <u>1052</u>
Street Address 465 Trumbull Ave, Aj	at B	City Bridgeport		<u></u>	State CT	Zip Code 06606-2436
Purpose of Expenditure (by code) CNSLT	Description	- 10, -	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. Image: State of the below (does not involve another candidate on the conditionated with reimbursement sought (joint expenditure) Coordinated with out reimbursement sought (in-kind control of the conditionated without reimbursement sought (in-kind control of the conditionated without reimbursement sought (in-kind control of the	r committee) re) Indepen	adent	.ked) □A □B □C □D		\$210.00
Name of Payee Inez Cosme			2	Date of Payment 08/02/2019	Method of Check	# 1053 CardEFT
Street Address 1213 Reservoir Ave		City Bridgeport			State CT	Zip Code 06606-2927
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$210.00
Name of Payee Tina Johnson				Date of Payment 08/02/2019	Method of Check	# <u>1067</u>
Street Address 1567 Boston Ave		City Bridgeport			State CT	Zip Code 06610-2638
Purpose of Expenditure (by code) CNSLT	Description		Even	ι#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re)	ndent			\$210.00
Name of Payee Staples				Date of Payment 08/12/2019	Method of Check	#
Street Address 1201 Kings Hwy, Ste	2	City Fairfield		·	State CT	Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$218.01

\$848.01	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT		- 2 2 ·				
Ganim for Bridgeport "	19		_	7th day preceding	orimary	
Em energy warde	P. Expense	es Paid by Commit	tee		2.85 T.B.	
Name of Payee Mirella Villacres				Date of Payment 08/12/2019	Method of Check	# 1145
Street Address 90 Garfield Ave		City Bridgeport			State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	ked)		\$225.00
Name of Payce Nilsa Heredia				Date of Payment 08/12/2019	Method of Check	# 1146
Street Address 144 St Stephen Rd, E	Bidg 11 #203	City Bridgeport			State CT	Zip Code 06605
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (<i>ltemization in Addendum P Required u</i> None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) ré) Indeper	ndent			\$225.00
Name of Payee Brenda Gill				Date of Payment 08/02/2019	Method of Check	# 1057
Street Address 206 Black Rock Ave	<u> </u>	City Bridgeport		<u> </u>	State CT	Zip Code 06605-1237
Purpose of Expenditure (by code) CNSLT	Description	L	Even	τ#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re)	ndent			\$240.00
Name of Payee Pedro Quintero				Date of Payment 08/02/2019	Method of Check	# <u>1047</u>
Street Address 36 W Wooster St, Ap	nt 309	City Danbury		· · ····	State CT	Zip Code 06810-7701
Purpose of Expenditure (by code) MISC	Description Rent	<u> </u>	Even	it #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate os Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind condition)	r committee) nre) Indepe	ndent			\$2,400.00

SUBTOTAL Section P - This Page	\$3,090.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport '				7th day preceding	primary	
	P. Expense	es Paid by Commit	tee			
Name of Payee Testo's Pizzeria				Date of Payment 08/22/2019	Method of Check	#
Street Address 1023 Brooklawn Ave		City Fairfield			State CT	Zip Code 06825-1812
Purpose of Expenditure (by code) FOOD	Description	L	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	cked)		\$285.80
Name of Payee Nilsa Heredia				Date of Payment 08/12/2019	Method of Check	# 1237
Street Address 144 St Stephen Rd, I	Bida 11 #203	City Bridgeport			State CT	Zip Code 06605
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	cked)		\$30.00
Name of Payee Leighton O Reynolds	}			Date of Payment 08/12/2019	Method of Check	# <u>1135</u>
Street Address 104 Bancroft Ave		City Bridgeport		<u> </u>	State CT	Zip Code 06604-1901
Purpose of Expenditure (by code) CNSLT	Description	L	Even	R #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re) Indeper	ndent			\$300.00
Name of Payee Enaisja Upchurch				Date of Payment 08/12/2019	Method of Check	# <u>1120</u>
Street Address 980 Lindley St		City Bridgeport		<u> </u>	State CT	Zip Code 06606-4700
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$315.00

SUBTOTAL Section P - This Page	\$930.80
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			NOR PARTY			
Ganim for Bridgeport '	19			7th day preceding	primary	
COLUMN AND STATES	P. Expense	es Paid by Commit	ttee		18	
Name of Payee Denise Arrington				Date of Payment 08/12/2019	Method of Check	# <u>1121</u>
Street Address 980 Lindley St, Unit 3	304	City Bridgeport			State CT	Zip Code 06606-4757
Purpose of Expenditure (by code) CNSLT	Description		Even	1.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controls)	r committee) re) Indepen	ndent	∴ked)		\$315.00
Name of Payee Emonnie Pettway				Date of Payment 08/12/2019	Method of Check	# 1119 Card EFT
Street Address 60 Yaremich Dr		City Bridgeport	-		State CT	Zip Code 06606-2586
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	:ked) □A □B □C □D		\$315.00
Name of Payce Staples				Date of Payment 08/22/2019	Method of Check	#
Street Address 1201 Kings Hwy, Ste	2	City Fairfield			State CT	Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$318.48
Name of Payee Staples				Date of Payment 08/22/2019	Method of Check	#
Street Address 1201 Kings Hwy, Ste	2	City Fairfield			State CT	Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	Description	· · · · · · · · · · · · · · · · · · ·	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent			\$318.48

SUBTOTAL Section P - This Page	\$1,266.96
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE	C (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	21.10	
Ganim for Bridgeport "				7th day preceding precedin	orimary	
	P. Expense	es Paid by Commit	tee			
Name of Payee Melvin Johnson			:	Date of Payment 08/02/2019	Method of Check	# 1065
Street Address 1314 Stratford Ave		City Bridgeport			State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description		Even	1 /		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control)	r committee) re) Indeper	ndent			\$37.50
Name of Payee Beronica Gill				Date of Payment 08/12/2019	Method of Check	# 9407527 Card EFT
Street Address 702 Bishop Ave		City Bridgeport			State CT	Zip Code 06610-3053
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	A B C D		\$37.50
Name of Payee Executive Office Serv	vices			Date of Payment 08/02/2019	Method of Check	# <u>1083</u>
Street Address 2085 Madison Ave	- <u></u> -	City Bridgeport			State CT	Zip Code 06606-3234
Purpose of Expenditure (by code) A-OTH	Description	<u> </u>	Even	.t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) (re) Indepen	ndent	cked)		\$398.82
Name of Payee Stephanie A. Hardisc	on			Date of Payment 08/12/2019	Method of Check	# <u>9407531</u>
Street Address 260 Success Ave, Ar		City Bridgeport		<u></u>	State CT	Zip Code 06610-2426
Purpose of Expenditure (by code) CNSLT	Description	L.,	Ever	u #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee) (re) Independent	ndent			\$45.00

\$518.82	SUBTOTAL Section P - This Page	1130
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			27 N.S.	SALE AND N		
Ganim for Bridgeport '	19			7th day preceding	orimary	
	P. Expense	es Paid by Commit	tee	and the second		
Name of Payee Catrenna Peyton				Date of Payment 08/02/2019	Method of Check	# <u>1073</u>
Street Address 253 East Ave		City Bridgeport			State CT	Zip Code 06610-2962
Purpose of Expenditure (by code) CNSLT	Description	<u></u>	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind cont	re)	ndent	cked)		\$45.00
Name of Payee Hazel Johnson				Date of Payment 08/02/2019	Method of Check	# 1064 Card EFT
Street Address 1314 Stratford Ave, F	12	City Bridgeport			State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditue Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	cked)		\$45.00
Name of Payee Nancy Williams				Date of Payment 08/12/2019	Method of Check	# <u>9407533</u>
Street Address 376 Union Ave	<u></u>	City Bridgeport		<u> </u>	State CT	Zip Code 06607-1822
Purpose of Expenditure (by code) CNSLT	Description	· ··· ·· ··	Ечеп			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$45.00
Name of Payee Nancy Bonilla				Date of Payment 08/12/2019	Method of Check	# <u>1261</u>
Street Address		City Bridgeport			State CT	Zip Code 06607-2305
Purpose of Expenditure (by code) CNSLT	Description	· ····································	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind control	r committee) re) Indepen	ndent			\$45.00

\$180.00	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport '	19			7th day preceding	primary	
	P. Expense	es Paid by Commit	ttee			
Name of Payce Charles Tisdate	08/02/2019			Method of Check	# <u>1077</u>	
Street Address 25 Morgan Ave		City Bridgeport			State CT	Zip Code 06606-5519
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) ne) Indepen	ndent	(∴A □B □C □D		\$45.00
Name of Payee Jack Freeman				Date of Payment 08/02/2019	Method of Check	# 1055 CardEFT
Street Address 170 Prince St		City Bridgeport			State CT	Zip Code 06610-2927
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: None of the below (does not involve another candidate or Image: Coordinated with reimbursement sought (joint expenditure) Image: Coordinated without reimbursement sought (in-kind control of the contro	r committee) re) Indeper	ndent	.ked)		\$45.00
Name of Payee Shellay Ebron				Date of Payment 08/12/2019	Method of Check	# <u>1140</u>
Street Address 603 Wood Ave		City Bridgeport			State CT	Zip Code 06604-2455
Purpose of Expenditure (by code) CNSLT	Description	·	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$450.00
Name of Payee Alveta Taylor				Date of Payment 08/12/2019	Method of Check	# <u>1124</u>
Street Address 511 Pembroke St		City Bridgeport		· · · · · · · · · · · · · · · · · · ·	State CT	Zip Code 06608-2606
Purpose of Expenditure (by code) CNSLT	Description		Even	e #		Amount
Expenditure # (if applicable)	Type of Expenditure (<i>liemization in Addendum P Required u</i> None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re) Indepe	ndent		×	\$450.00

\$990.00	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT					i silung re	
Ganim for Bridgeport '				7th day preceding	orimary	
	P. Expense	es Paid by Commit	tee		52 - W	11V ax
Name of Payee Ralph R Ford	R Ford 08/02/2019			Method of Check	# 1048	
Street Address 410 Mill Hill Ave		City Bridgeport			State CT	Zip Code 06610-2813
Purpose of Expenditure (by code) RMB	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	cked)		\$488.15
Name of Payee Emma B Lawton				Date of Payment 07/12/2019	Method of Check	# 1025 Card EFT
Street Address 52 Dogwood Ln		City Trumbull			State CT	Zip Code 06611-5050
Purpose of Expenditure (by code) CNSLT	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$500.00
Name of Payee Emma B Lawton				Date of Payment 08/02/2019	Method of	# 1050
Street Address 52 Dogwood Ln		City Trumbull			State CT	Zip Code 06611-5050
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	1t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	r committee) re) Indepen	ndent	cked)		\$500.00
Name of Payee Tommika Leak	· · · · · · · · · · · · · · · · · · ·			Date of Payment 08/12/2019	Method of Check	# 1143 Card EFT
Street Address 354 Iranistan Ave		City Bridgeport			State CT	Zip Code 06604-5840
Purpose of Expenditure (by code) CNSLT	Description	I	Even	it #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditut) Coordinated without reimbursement sought (in-kind con	r committee) (re) Independence)	ndent			\$52.50

\$1,540.65	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

NAME OF COMMITTEE	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			1. MESS.J.		
Ganim for Bridgeport '	19			7th day preceding	orimary	
	P. Expense	es Paid by Commit	tee			
Name of Payee Latefiah T Moore				Date of Payment 08/12/2019	Method of Check	# <u>1133</u>
Street Address 68 Highland Ave		City Bridgeport		<u> </u>	State CT	Zip Code 06604-3512
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	adent			\$52.50
Name of Payee Catrenna Peyton				Date of Payment 08/12/2019	Method of Check	# 9407542 Card EFT
Street Address 253 East Ave		City Bridgeport			State CT	Zip Code 06610-2962
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Organi	ndent			\$52.50
Name of Payee Timiesha Rivera				Date of Payment 08/12/2019	Method of Check	# 9407540
Street Address 206 Black Rock Ave		City Bridgeport			State CT	Zip Code 06605-1237
Purpose of Expenditure (by code) CNSLT	Description	· · · · · ·	Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee) (re)	ndent			\$52.50
Name of Payee Yahan Lefevre				Date of Payment 08/12/2019	Method of Check	# <u>9407537</u>
Street Address 404 Shelton St	<u>. </u>	City Bridgeport		<u> </u>	State CT	Zip Code 06608-1634
Purpose of Expenditure (by code) CNSLT	Description	·	Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	r committee) (re) Indepe	ndent			\$52.50

SUBTOTAL Section P - This Page	\$210.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT					
Ganim for Bridgeport '	19			7th day preceding	orimary	
8	P. Expense	es Paid by Commit	tee			Te let 8
Name of Payee Beverly Cox				Date of Payment 08/12/2019	Method of Check	# <u>9407539</u>
Street Address 376 E Washington A		City Bridgeport		··, ··-	State CT	Zip Code 06608-2149
Purpose of Expenditure (by code) CNSLT	Description	Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ident	cked) □A □B □C □D		\$52.50
Name of Payee Tina Johnson				Date of Payment 08/12/2019	Method of Check	# <u>9407536</u>
Street Address 1567 Boston Ave		City Bridgeport			State CT	Zip Code 06610-2638
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	cked)		\$52.50
Name of Payee Troy Clemons				Date of Payment 08/12/2019	Method of Check	# 1144
Street Address 695 Wood Ave	<u> </u>	City Bridgeport			State CT	Zip Code 06604-2124
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	it #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Coordinated with reimbursement sought (joint expenditu) Coordinated without reimbursement sought (in-kind control of the burger)	r committee) re) Indeper	ndent			\$52.50
Name of Payee Naima West				Date of Payment 08/12/2019	Method of Check	# <u>9407538</u>
Street Address 702 Central Ave		City Bridgeport			State CT	Zip Code 06607-1701
Purpose of Expenditure (by code) CNSLT	Description		Even	n #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	r committee) (re) Independent	ndent			\$52.50

\$210.00	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			201 200			
Ganim for Bridgeport '				7th day preceding	orimary	
	P. Expense	es Paid by Commit	tee			WAY - PART
Name of Payce Sharonda Tuck				Date of Payment 08/12/2019	Method of Check	# 9407544
Street Address 1314 Stratford Ave		City Bridgeport			State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description		Even	x #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	re)	ndent	ked)		\$52.50
Name of Payee Christie Markis				Date of Payment 08/02/2019	Method of Check	# 1071 CardEFT
Street Address 178 Davenport St		City Bridgeport			State CT	Zip Code 06607-2009
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$52.50
Name of Payee Testo's Pizzeria				Date of Payment 08/22/2019	Method of Check	#
Street Address 1023 Brooklawn Ave		City Fairfield		<u> </u>	State CT	Zip Code 06825-1812
Purpose of Expenditure (by code) FOOD	Description	<u> </u>	Even	it #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Constant of the below (does not involve another candidate o Image: Coordinated with reimbursement sought (joint expenditu	r committee)	ndent			\$59.56
	Coordinated without reimbursement sought (in-kind cont	tribution)	zation:			
Name of Payee Charles Tisdale				Date of Payment 08/12/2019	Method of Check	# <u>9407532</u>
Street Address 25 Morgan Ave		City Bridgeport			State CT	Zip Code 06606-5519
Purpose of Expenditure (by code) CNSLT	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind com-	r committee) (Indepe	ndent			\$60.00

\$224.56	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport '				7th day preceding p	orimary	
		s Paid by Commit	ttee	V 80 _ 80 _ V - 2 _ K		
Name of Payee Ecaius Booth				Date of Payment 08/12/2019	Method of Check	# <u>1126</u>
Street Address 1165 Stratford Rd, Ut		City Stratford	1		State CT	Zip Code 06615-7644
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	re)	ndent	ked)		\$60.00
Name of Payee Larissa Smith				Date of Payment 08/12/2019	Method of Check	# 9407551 Card EFT
Street Address 677 Sylvan Ave		City Bridgeport			State CT	Zip Code 06606-3074
Purpose of Expenditure (by code) CNSLT	Description		Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ked)		\$60.00
Name of Payee David Heard				Date of Payment 08/12/2019	Method of Check	# <u>9407530</u>
Street Address 1450 Main St	· · · · · · · · · · · · · · · · · · ·	City Bridgeport			State CT	Zip Code 06604-3646
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Event	:#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required ut None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ked) □A □B □C □D		\$60.00
Name of Payee Kecia Walls				Date of Payment 08/12/2019	Method of Check	# 9407548 CardEFT
Street Address 178 Davenport St		City Bridgeport			State CT	Zip Code 06607-2009
Purpose of Expenditure (by code) CNSLT	Description		Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Constant of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind constant)	r committee) re) Indepe	ndent	ked) ▲ □ B □ C □ D		\$60.00

\$240.00	CURTOTAL Section D. This Base
\$240.00	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport "	19			7th day preceding	primary	
	P. Expense	es Paid by Commit	itee		No interio	
Name of Payee Tania Whitley		08/12/2019		Method of Payment Check # 9407550 Debit Card EFT		
Street Address 1372 Kossuth St		City Bridgeport			State CT	Zip Code 06608-1135
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	∷ked) □A □B □C □D		\$60.00
Name of Payee Jazmin Cooper				Date of Payment 08/12/2019	Method of Check	# 1130 Card EFT
Street Address 581 Waterview Ave, A	Apt 404	City Bridgeport			State CT	Zip Code 06608-2529
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	⊂ked) ▲ □B □C □D		\$60.00
Name of Payee Brenda Gill				Date of Payment 08/12/2019	Method of Check	<u># 9407573</u>
Street Address 206 Black Rock Ave	·····	City Bridgeport			State CT	Zip Code 06605-1237
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$60.00
Name of Payee Hazel Johnson				Date of Payment 08/12/2019	Method of Check	<u># 9407549</u>
Street Address 1314 Stratford Ave, F	=12	City Bridgeport			State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description	,	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee) (re) Indepe	ndent	cked)		\$60.00

\$240.00	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	1. A. C.
\$159,965.53	ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT					7_1128201	
Ganim for Bridgeport '	19			7th day preceding	orimary	
	P. Expense	es Paid by Commit	ttee			NE WERE THE
Name of Payee James Jefferson		08/12/2019		Method of Check	# <u>9407529</u>	
Street Address 320 East Ave		City Bridgeport		<u></u>	State CT	Zip Code 06610-2904
Purpose of Expenditure (by code) CNSLT	Description	· · · · · ·	Even	R #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$60.00
Name of Payee James Blasius				Date of Payment 08/12/2019	Method of Check	# 1129 Card EFT
Street Address 500 Fairfield Beach F	Rd. # 40	City Fairfield			State CT	Zip Code 06824-6733
Purpose of Expenditure (by code) CNSLT	Description	·	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndent	ked) □A □B □C □D		\$60.00
Name of Payee Carl Hinton				Date of Payment 08/02/2019	Method of Check	# <u>1061</u>
Street Address 170 Wade St	- <u> </u>	City Bridgeport			State CT	Zip Code 06604-1831
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) (Independent)	ndent	cked)		\$60.00
Name of Payee Tommika Leak				Date of Payment 08/12/2019	Method of Check	<u># 1148</u>
Street Address 354 Iranistan Ave		City Bridgeport		<u>*,</u>	State CT	Zip Code 06604-5840
Purpose of Expenditure (by code) CNSLT	Description	·	Even	it #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	or committee) (re)	ndent			\$60.00

\$240.00	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

ALC: NOT ALC

NAME OF COMMITTEE	C (Provide Complete Name as Registered with Filing	Repository)	ā.	TYPE OF REPORT	-14	
Ganim for Bridgeport '	19			7th day preceding precedin	orimary	
	P. Expense	es Paid by Commit	tee		1000 K 100	
Name of Payee Melvin Johnson	ame of Payee		Method of Check	<u>9407543</u>		
Street Address		City Bridgeport			State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description	Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required ut None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	ked)		\$67.50
Name of Payee Shakeema Gill				Date of Payment 08/12/2019	Method of Check	# 9407541 Card EFT
Street Address 702 Bishop Ave		City Bridgeport			State CT	Zip Code 06610-3053
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	cked)		\$67.50
Name of Payee Delisia Boyd				Date of Payment 08/12/2019	Method of Check	# <u>9407545</u>
Street Address 465 Trumbull Ave, A	ot B	City Bridgeport		<u> </u>	State CT	Zip Code 06606-2436
Purpose of Expenditure (by code) CNSLT	Description	L	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u VNone of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee)	ndent	cked)		\$75.00
Name of Payee Tawana Johnson	<u>.</u>			Date of Payment 08/12/2019	Method of Check	# <u>9407552</u>
Street Address 262 Adams St		City Bridgeport		· · · · · · · · · · · · · · · · · · ·	State CT	Zip Code 06607-2403
Purpose of Expenditure (by code) CNSLT	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind con	or committee) Indepe	ndent	cked)		\$75.00

ection P - This Page \$285.00	
of Section P Pages \$159,965.53	
nmary Page Totals) \$159,965.53	OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, 0

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT				II III XII (III		
Ganim for Bridgeport '	Ganim for Bridgeport '19 7th day preceding p		orimary			
	P. Expense	es Paid by Commit	ttee			
Name of Payee Inez Cosme	08/12/2019		Method of Check	# <u>9407546</u>		
Street Address 1213 Reservoir Ave		City Bridgeport	I		State CT	Zip Code 06606-2927
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$75.00
Name of Payee Nina Thomas				Date of Payment 08/02/2019	Method of Check	# <u>1076</u>
Street Address PO Box 344		City Bridgeport			State CT	Zip Code 06601-0344
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ked)		\$75.00
Name of Payee Staples				Date of Payment 08/02/2019	Method of Check	#
Street Address 1201 Kings Hwy, Ste	2	City Fairfield			State CT	Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	Description	<u> </u>	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) (re) Independent	ndent	ked)		\$816.68
Name of Payee Victor Johnson				Date of Payment 08/02/2019	Method of Check	# <u>1068</u>
Street Address 33 Washington Ter		City Bridgeport		<u> </u>	State CT	Zip Code 06604-3417
Purpose of Expenditure (by code) CNSLT	Description	·	Event	.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Coordinated with reimbursement sought (joint expenditu) Coordinated without reimbursement sought (in-kind communication)	r committee) ne) Indepe	ndent	ked)		\$82.50

SUBTOTAL Section P - This Page	\$1,049,18
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		10 ⁻¹ 1 10 0007
Ganim for Bridgeport '				7th day preceding	orimary	
		es Paid by Commit	tee			
Name of Payee Stephanie A. Hardiso			Method of Check	# <u>1059</u>		
Street Address		City			State CT	Zip Code 06610-2426
260 Success Ave, Ap	ot 14	Bridgeport		<u></u>		000102420
Purpose of Expenditure (by code) CNSLT	Description	Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	re)	ident	ked) ▲ □B □C □D		\$82.50
Name of Payee George Johnson				Date of Payment 08/12/2019	Method of Check	# <u>1127</u> Card EFT
Street Address 136 Saint Stephens F	2d Bldg 10 #208	City Bridgeport			State CT	Zip Code 06605-2854
Purpose of Expenditure	Description		Even	r#		Amount
(by code) CNSLT						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$90.00
Name of Payee Kenneth Beasley				Date of Payment 08/12/2019	Method of Check	# <u>9407535</u>
Street Address		City Bridgeport			State CT	Zip Code 06607-1619
157 Eagle St Purpose of Expenditure	Description		Even	t#		Amount
(by code) CNSLT						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind conditional condition	r committee) re) Indepen	ndent			\$90.00
Name of Payee Kecia Walls				Date of Payment 08/02/2019	Method of Check	# <u>1079</u>
Street Address 178 Davenport St		City Bridgeport		<u>h</u>	State CT	Zip Code 06607-2009
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee) re) Indeper	ndent	cked)		\$97.50

SUBTOTAL Section P - This Page	\$360.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport '				7th day preceding	primary	
	P. Expense	es Paid by Commit	tee			
Name of Payee Nancy Williams	s 08/02/2019		Method of Check	# <u>1082</u>		
Street Address		City Bridgeport		· · · · · · · · · · · · · · · · · · ·	State CT	Zip Code 06607-1822
376 Union Ave Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ident			\$97.50
Name of Payee Damaris Gomez				Date of Payment 08/12/2019	Method of Check	# 1125 Card EFT
Street Address 203 Main St		City Bridgeport			State CT	Zip Code 06604-5708
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$97.50
Name of Payee Larissa Smith				Date of Payment 08/02/2019	Method of Check	# <u>1075</u>
Street Address 677 Sylvan Ave		City Bridgeport			State CT	Zip Code 06606-3074
Purpose of Expenditure (by code) CNSLT	Description	<u>.</u>	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$97.50
Name of Payee Mirella Villacres				Date of Payment 08/23/2019	Method of Check	# 1286
Street Address 90 Garfield Ave		City Bridgeport			State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description		Even	.t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee)	ndent	cked)		\$100.00

\$392.50	SUBTOTAL Section P - This Page						
\$159,965.53	TOTAL of Section P Pages						
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)						
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	d Gores	S. I. MARCH E.	
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Ganim for Bridgeport "				7th day preceding	orimary		
		es Paid by Commit	ttee				
Name of Payee Joshua Deilaquila				Date of Payment 08/23/2019	Check # 1280		
Street Address 2855 Fairfield Ave, #	2F	City Bridgeport			State CT	Zip Code 06605-3211	
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent			\$1,250.00	
Name of Payee Marie Hemandez			_	Date of Payment 08/23/2019	Method of Check	# <u>1283</u> CardEFT	
Street Address 64A Chestnut St		City Bridgeport			State CT	Zip Code 06604-2683	
Purpose of Expenditure (by code) CNSLT	Description	<u></u> .	Even	t #		Amount	
Expenditure # (<i>if applicable</i>)	Type of Expenditure (Itemization in Addendum P Required u V None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	Cked)		\$135.00	
Name of Payee Maria I Hernandez				Date of Payment 08/23/2019	Method of Check	# <u>1282</u>	
Street Address 201 Arctic St		City Bridgeport			State CT	Zip Code 06608-1829	
Purpose of Expenditure (by code) CNSLT	Description		Even	it #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind control)	r committee)	ndent			\$141.00	
Name of Payee Carl Hinton				Date of Payment 08/13/2019	Method of Check	# <u>9407576</u>	
Street Address 170 Wade St	<u> </u>	City Bridgeport			State CT	Zip Code 06604-1831	
Purpose of Expenditure (by code) CNSLT	Description		Ever			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	or committee) Indepe	ndent			\$15.00	

\$1,541.00	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965,53	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Ganim for Bridgeport "				7th day preceding	orimary		
		es Paid by Commit	tee				
Name of Payee Gabriela Koc				Date of Payment 08/23/2019	Method of Payment Check # 1285 Debit Card EFT		
Street Address		City Shelton		_	State CT	Zip Code 06484-4263	
525 Long Hill Ave Purpose of Expenditure (by code) CNSLT	Description		Event	1.#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) (ne) Indeper	ndent			\$165.00	
Name of Payee Staples				Date of Payment 07/03/2019	Method of Check	#EFT	
Street Address 1201 Kings Hwy, Ste	2	City Fairfield			State CT	Zip Code 06824-5319	
Purpose of Expenditure (by code) OFFICE	Description		Even	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$251.64	
Name of Payee Staples				Date of Payment 08/03/2019	Method of Check	#	
Street Address 1201 Kings Hwy, Ste	2	City Fairfield			State CT	Zip Code 06824-5319	
Purpose of Expenditure (by code) OFFICE	Description	<u> </u>	Even	.t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) (re)	ndent			\$271.12	
Name of Payee Ralsteeni Hall				Date of Payment 08/13/2019	Method of Check	# <u>9407577</u>	
Street Address 34 Richardson St		City Bridgeport			State CT	Zip Code 06610-1637	
Purpose of Expenditure (by code) CNSLT	Description		Ever			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	r committee) (Indepe	ndent			\$37.50	

\$725.26	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)	17.0	TYPE OF REPORT			
Ganim for Bridgeport '	19			7th day preceding	orimary		
	P. Expense	es Paid by Commit	tee				
Name of Payee Home Depot				Date of Payment 07/23/2019	Method of Payment Check # Debit Card EFT		
Street Address 541 Kings Highway C	Cutoff	City Fairfield		<u>l. </u>	State CT	Zip Code 06824-5305	
Purpose of Expenditure (by code) OFFICE	Description		Even	¢#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re)	ident	∴ked)		\$4.17	
Name of Payee Sharonda Tuck				Date of Payment 08/13/2019	Method of Check	# <u>9407570</u>	
Street Address 1314 Stratford Ave		City Bridgeport			State CT	Zip Code 06607-1416	
Purpose of Expenditure (by code) CNSLT	Description		Even			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	Cked)		\$45.00	
Name of Payee Victor Johnson				Date of Payment 08/13/2019	Method of Check	# <u>9407561</u>	
Street Address 33 Washington Ter		City Bridgeport			State CT	Zip Code 06604-3417	
Purpose of Expenditure (by code) CNSLT	Description		Even	.t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$45.00	
Name of Payee Larissa Smith				Date of Payment 08/13/2019	Method of Check	# <u>9407567</u>	
Street Address 677 Sylvan Ave		City Bridgeport			State CT	Zip Code 06606-3074	
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	it #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Constant of the below (does not involve another candidate o Image: Coordinated with reimbursement sought (joint expenditu Image: Coordinated without reimbursement sought (in-kind constant)	r committee) re) Indepe	ndent		\$45.00		

\$139.17	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Ganim for Bridgeport "				7th day preceding precedin	orimary		
Jan Stranger		s Paid by Commit	tee				
Name of Payee Shakeema Gill				Date of Payment 08/13/2019	Method of Payment Check # 9407566 Debit Card EFT		
Street Address		City Bridgeport			State CT	Zip Code 06610-3053	
702 Bishop Ave Purpose of Expenditure (by code) CNSLT	Description		Event	1#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	:ked)		\$45.00	
Name of Payee Michelle Lindsay				Date of Payment 08/13/2019	Method of Check	# 9407564 CardEFT	
Street Address 331 Maple St		City Bridgeport			State CT	Zip Code 06608-1922	
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$45.00	
Name of Payee Inez Cosme				Date of Payment 08/13/2019	Method of Check	# <u>9407563</u>	
Street Address 1213 Reservoir Ave		City Bridgeport			State CT	Zip Code 06606-2927	
Purpose of Expenditure (by code) CNSLT	Description		Even	nt #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	are)	ndent			\$45.00	
Name of Payee Melvin Johnson				Date of Payment 08/13/2019	Method of Check	# 9407569	
Street Address 1314 Stratford Ave		City Bridgeport			State CT	Zip Code 06607-1416	
Purpose of Expenditure (by code) CNSLT	Description	· · · · · · · · · · · · · · · · · · ·	Ever		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind con	ure)	endent			\$45.00	

SUBTOTAL Section P - This Page	\$180.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)	201	TYPE OF REPORT	0.23		
Ganim for Bridgeport '				7th day preceding	primary		
		es Paid by Commit	ttee				
Name of Payee Kenneth Beasley				Date of Payment 08/13/2019	Method of Payment Check # 9407575 Debit Card EFT		
Street Address		City Bridgeport			State CT	Zip Code 06607-1619	
157 Eagle St Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ked) □A □B □C □D		\$45.00	
Name of Payee Tania Whitley				Date of Payment 08/13/2019	Method of	# 9407565 Card EFT	
Street Address		City Bridgeport			State CT	Zip Code 06608-1135	
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re)	ndent			\$45.00	
Name of Payee Charles Tisdale				Date of Payment 08/13/2019	Method of Check	# <u>9407568</u>	
Street Address		City Bridgeport			State CT	Zip Code 06606-5519	
25 Morgan Ave Purpose of Expenditure (by code) CNSLT	Description		Even	nt #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Coordinated with reimbursement sought (joint expenditu) Coordinated without reimbursement sought (in-kind communication)	r committee) (re) Indepe	ndent			\$45.00	
Name of Payee Delisia Boyd				Date of Payment 08/13/2019	Method of Check	# <u>9407562</u>	
Street Address 465 Trumbull Ave, A	of B	City Bridgeport		• · · · · ·	State CT	Zip Code 06606-2436	
Purpose of Expenditure (by code) CNSLT	Description	·	Ever			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	or committee) ure)	endent			\$45.00	

\$180.00	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMETTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		1 22 2 100	
NAME OF COMMITTEE				7th day preceding p	primary		
Ganim for Bridgeport '1		s Paid by Commit	tee				
Name of Payee Coleen Le Pere	г. Барензе	S and by Commit		Date of Payment 08/13/2019	Method of Payment Check # 1150 Debit Card EFT		
Street Address		City West Haven			State CT	Zip Code 06516-3751	
373 Union Ave Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind cont	re)	ndent	ked)		\$500.00	
Name of Payee Emma B Lawton				Date of Payment 08/23/2019	Method of Check	# 1281 CardEFT	
Street Address 52 Dogwood Ln		City Trumbull			State CT	Zip Code 06611-5050	
Purpose of Expenditure (by code) CNSLT	Description		Event	1.#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent		Method of	\$500.00	
Name of Payee Hazel Johnson				Date of Payment 08/13/2019		# <u>9407560</u>	
Street Address 1314 Stratford Ave, F	=10	City Bridgeport		<u> </u>	State CT	Zip Code 06607-1416	
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee) (Indepe	ndent	cked)		\$60.00	
Name of Payce Timiesha Rivera				Date of Payment 08/13/2019	Method of Check	# 9407558 Card EFT	
Street Address 206 Black Rock Ave		City Bridgeport			State CT	Zip Code 06605-1237	
Purpose of Expenditure (by code) CNSLT	Description		Ever		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind con	or committee) Indepe	endent	Ccked)		\$60.00	

\$1,120.00	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

1

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport				7th day preceding	primary	
		es Paid by Commit	itee			
Name of Payee Nancy Williams				Date of Payment 08/13/2019	Method of Check	# <u>9407559</u>
Street Address		City Bridgeport			State CT	Zip Code 06607-1822
376 Union Ave Purpose of Expenditure (by code) CNSLT	Description	L	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$60.00
Name of Payee David Heard				Date of Payment 08/13/2019	Method of Check	# 9407556 CardEFT
Street Address 1450 Main St		City Bridgeport			State CT	Zip Code 06604-3646
Purpose of Expenditure (by code) CNSLT	Description	/	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Coordinated with reimbursement sought (joint expenditu Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind control of the second contrelet contrelet control of the second control of the sec	r committee) re) Indepen	ndent			\$60.00
Name of Payee Kecia Walls				Date of Payment 08/13/2019	Method of Check	<u># 9407557</u>
Street Address 178 Davenport St		City Bridgeport		<u> </u>	State CT	Zip Code 06607-2009
Purpose of Expenditure (by code) CNSLT	Description	I <u></u>	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Type of Expenditure (Itemization in Addendum P Required u Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o Image: Type of the below (does not involve another candidate o	r committee) (re)	ndent			\$60.00
Name of Payee Tawana Johnson				Date of Payment 08/13/2019	Method of Check	# 9407554
Street Address 262 Adams St		City Bridgeport			State CT	Zip Code 06607-2403
Purpose of Expenditure (by code) CNSLT	Description		Even	it #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	or committee) (Independence)	ndent			\$67.50

SUBTOTAL Section P - This Page	\$247.50
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	19			7th day preceding	primary	
	P. Expense	es Paid by Commit	itee			
Name of Payee Brenda Gill				Date of Payment 08/13/2019	Method of Check	<u># 9407555</u>
Street Address 206 Black Rock Ave		City Bridgeport			State CT	Zip Code 06605-1237
Purpose of Expenditure (by code) CNSLT	Description		Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	ked) □A □B □C □D	<	\$67.50
Name of Payee Testo's Pizzeria				Date of Payment 08/23/2019	Method of Check	#
Street Address 1023 Brooklawn Ave		City Fairfield			State CT	Zip Code 06825-1812
Purpose of Expenditure (by code) FOOD	Description	· · · · · · · · · · · · · · · · · · ·	Even	.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) (re) Indeper	ndent	ked)		\$89.90
Name of Payee Lilia E Figueroa				Date of Payment 08/23/2019	Method of Check	# <u>1284</u>
Street Address 666 Iranistan Ave		City Bridgeport			State CT	Zip Code 06605-1220
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) (re) Indepen	ndent	ked) □A □B □C □D		\$90.00
Name of Payee Executive Office Ser	vices			Date of Payment 07/24/2019	Method of Check	# <u>1035</u>
Street Address 2085 Madison Ave		City Bridgeport			State CT	Zip Code 06606-3234
Purpose of Expenditure (by code) A-SIGN	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind condi-	r committee) (re) Indepen	ndent	cked)		\$1,015.64

\$1,263.04	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTEE	6 (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	0.0000113	
Ganim for Bridgeport '				7th day preceding	primary	
		es Paid by Commit	ttee			
Name of Payee 211 State Street, LLC)			Date of Payment 08/04/2019	Method of Check	# 1084
Street Address		City Bridgeport			State CT	Zip Code 06604-4808
211 State St Purpose of Expenditure	Description		Even	t#		Amount
(by code) MISC	Rent					\$2,000.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			
Name of Payee Testo's Pizzeria				Date of Payment 07/24/2019	Method of Check	#
					Debit (Card EFT
Street Address 1023 Brooklawn Ave		City Fairfield			State CT	Zip Code 06825-1812
Purpose of Expenditure	Description		Even			Amount
(by code) FOOD						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below	" is che	cked)		\$452.40
(if applicable)	None of the below (does not involve another candidate of	Undepe	ndent		ļ	
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	1 Deceni	zation:	A B C D		
Name of Payee				Date of Payment	Method of	
Emonnie Pettway				08/04/2019	Check	
Street Address		City Bridgeport			State CT	Zip Code 06606-2586
60 Yaremich Dr Purpose of Expenditure	Description	<u> </u>	Ever	nt #		Amount
(by code) CNSLT						Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	inless "None of the below	" is che	cked)		\$517.50
(if applicable)	None of the below (does not involve another candidate o	l indene	ndent			
	Coordinated with reimbursement sought (joint expenditu		ization:			
Name of Payee				Date of Payment		f Payment
Denise Arrington				08/04/2019	Check	
Street Address		City Bridgeport			State CT	Zip Code 06606-4757
980 Lindley St, Unit			Eve			<u> </u>
Purpose of Expenditure (by code) CNSLT	Description					Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	unless "None of the below	" is che	ecked)		\$517.50
(if applicable)	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu		endent			
	Coordinated with reimbursement sought (joint expenditu	1 Orean	ization:			
	Coordinated without reimbursement sought (in-kind con					

SUBTOTAL Section P - This Page	\$3,487.40
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		-11. Magin 23. 1
Ganim for Bridgeport "				7th day preceding p	orimary	
		es Paid by Commit	tee			
Name of Payee Enaisja Upchurch				Date of Payment 08/04/2019	Method of Check	# <u>1087</u>
Street Address 980 Lindley St		City Bridgeport	1		State CT	Zip Code 06606-4700
Purpose of Expenditure (by code) CNSLT	Description		Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control)	re)	ndent	[]A]]B]]C]]D		\$517.50
Name of Payee Nicole Alekson Photo	ography			Date of Payment 07/24/2019	Method of Check	# 1034 Card EFT
Street Address 43 Meadow View Dr		City Wethersfield	_	-	State CT	Zip Code 06109-4137
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$900.00
Name of Payee Jahneesha Williams				Date of Payment 08/05/2019	Method of Check	# <u>1097</u>
Street Address 39 Oak St, Apt B		City Derby			State CT	Zip Code 06418-1756
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Event	. #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee) (Independence)	ndent			\$101.25
Name of Payee Jazmin Cooper				Date of Payment 08/05/2019	Method of Check	* <u>1099</u>
Street Address 581 Waterview Ave,	Apt 404	City Bridgeport			State CT	Zip Code 06608-2529
Purpose of Expenditure (by code) CNSLT	Description	· · · · · · · · · · · · · · · · · · ·	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind con	or committee) Indepe	ndent			\$101.25

\$1,620.00	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport '	19			7th day preceding p	orimary	
	P. Expense	es Paid by Commit	itee		138 118	
Name of Payee Alexis Novella				Date of Payment 08/05/2019	Method of Check	# 1091
Street Address 140 Fairfield Ave, Ap	t 7H	City Bridgeport		<u>.</u>	State CT	Zip Code 06604-4237
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re)	ndent			\$112.50
Name of Payee Sonia Jefferson				Date of Payment 08/05/2019	Method of Check	# <u>1112</u> CardEFT
Street Address 730 Palisade Ave, Ar	ot C5	City Bridgeport			State CT	Zip Code 06610-3445
Purpose of Expenditure (by code) CNSLT	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	cked)		\$120.00
Name of Payee Latefiah T' Moore				Date of Payment 08/05/2019	Method of Check	# <u>1103</u>
Street Address 68 Highland Ave	, <u> </u>	City Bridgeport	-		State CT	Zip Code 06604-3512
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent	cked)		\$120.00
Name of Payee Shwan Davis				Date of Payment 08/25/2019	Method of Check	# 1288 Card EFT
Street Address 354 Iranistan Ave		City Bridgeport			State CT	Zip Code 06604-5840
Purpose of Expenditure (by code) CNSLT	Description		Ever			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	r committee)	ndent			\$120.00

\$472.50	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	AITTEE (Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

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NAME OF COMMITTEE	e (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport "				7th day preceding p	orimary	
Contraction of the state		es Paid by Commit	tee			
Name of Payee Joshua Dellaquila				Date of Payment 07/05/2019	Method of Check	# 1012
Street Address	25	City Bridgeport			State CT	Zip Code 06605-3211
2855 Fairfield Ave, # Purpose of Expenditure (by code) CNSLT	Description		Even	1.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$1,250.00
Name of Payee Sonia Belardo				Date of Payment 08/05/2019	Method of Check	# 1089 Card EFT
Street Address	of C11	City Bridgeport			State CT	Zip Code 06610-3470
730 Palisade Ave, Aj Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee) (re) Indepen	ndent			\$134.00
Name of Payee Uniform Proz				Date of Payment 08/05/2019	Method of Check	# <u>1019</u>
Street Address		City Stratford	<u>.</u>	· · · · · · · · ·	State CT	Zip Code 06614-4837
71 Woodcrest Ave Purpose of Expenditure (by code) MISC	Description T-shirts	I	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to Itemization in Addendum P Required to Itemization involve another candidate of Coordinated with reimbursement sought (joint expenditute) Coordinated with reimbursement sought (joint expenditute)	or committee) (Indepe	ndent	cked)		\$1,465.00
Name of Payee Troy Clemons				Date of Payment 08/05/2019	Method of Check	# <u>1114</u>
Street Address 695 Wood Ave		City Bridgeport			State CT	Zip Code 06604-2124
Purpose of Expenditure (by code) CNSLT	Description		Ever			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind com	or committee) Indepe	endent			\$15.00

SUBTOTAL Section P - This Page	\$2,864.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			20070			
Ganim for Bridgeport '				7th day preceding	orimary	
		s Paid by Commit	itee			
Name of Payee John J Smith				Date of Payment 08/05/2019	Method of Check	# <u>1102</u>
Street Address 5 Bittersweet Rd		City Weston			State CT	Zip Code 06883-3001
Purpose of Expenditure (by code) CNSLT	Description		Even	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re)	ndent	ked) □A □B □C □D		\$150.00
Name of Payee David Heard				Date of Payment 08/25/2019	Method of Check	# 1327 CardEFT
Street Address 1450 Main St		City Bridgeport			State CT	Zip Code 06604-3646
Purpose of Expenditure (by code) CNSLT	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent	.ked) □A □B □C □D		\$157.50
Name of Payee Jodi Silva				Date of Payment 08/05/2019	Method of Check	<u># 1101</u>
Street Address		City Bridgeport		<u> </u>	State CT	Zip Code 06604-2531
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	.t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re)	ndent	cked)		\$157.50
Name of Payee Luzina Galberth				Date of Payment 08/05/2019	Method of Check	
Street Address 156 Norman St	<u>, , , , , , , , , , , , , , , , , , , </u>	City Bridgeport			State CT	Zip Code 06605-1523
Purpose of Expenditure (by code) CNSLT	Description	·	Ever	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditut) Coordinated without reimbursement sought (in-kind con	r committee) (ne) Indepe	ndent			\$157.50

SUBTOTAL Section P - This Page	\$622.50
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT							
Ganim for Bridgeport '	19			7th day preceding	primary		
	P. Expense	es Paid by Commit	itee			MAN LOOM	
Name of Payee Beverly Cox				Date of Payment 08/25/2019	Method of Check	# 1329	
Street Address 376 E Washington Av	Bridgeport		State CT	Zip Code 06608-2149			
Purpose of Expenditure (by code) CNSLT	Description	·	Even	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (in-kind contribution)				\$172.50		
Name of Payee Google GSuite			Method of Check	#			
Street Address 76 9th Ave		City New York			State NY	Zip Code 10011-4962	
Purpose of Expenditure (by code) WEB	Description		Even	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	:ked) □A □B □C □D		\$18.05	
Name of Payee Leighton O Reynolds				Date of Payment 08/05/2019	Method of Check	# <u>1104</u>	
Street Address 104 Bancroft Ave		City Bridgeport			State CT	Zip Code 06604-1901	
Purpose of Expenditure (by code) CNSLT	Description	· · · · · · · · · · · · · · · · · · ·	Even	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$180.00	
Name of Payee Brenda Gill			_	Date of Payment 08/25/2019	Method of	# <u>1139</u>	
Street Address 206 Black Rock Ave		City Bridgeport			State CT	Zip Code 06605-1237	
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind condi-	r committee) re) Indepen	ndent			\$180.00	

\$550,55	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	18
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			, 192-31E ;			
Ganim for Bridgeport '				7th day preceding	primary	
EVENIE WALLE	P. Expense	es Paid by Commit	itee			
Name of Payee Jeffrey Stanley				Date of Payment 08/05/2019	Method of Check	# <u>1100</u>
Street Address	on		State CT	Zip Code 06605-1118		
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	ked)		\$195.00
Name of Payee George Jordan				Date of Payment 08/05/2019	Method of	# 1096 Card EFT
Street Address 66 Poplar St, # 1		City Bridgeport			State CT	Zip Code 06605-1973
Purpose of Expenditure (by code) CNSLT	Description	·	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Constant of the below (does not involve another candidate or Image: Coordinated with reimbursement sought (joint expenditu) Image: Coordinated without reimbursement sought (in-kind control of the co	r committee) re) Indepen	ndent	Cked)		\$195.00
Name of Payee Downtown Cafe				Date of Payment 08/05/2019	Method of Check	#
Street Address 211 State St		City Bridgeport	-	·	State CT	Zip Code 06604-4808
Purpose of Expenditure (by code) FOOD	Description	<u> </u>	Even	.t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) (re) Independent	ndent	cked)		\$198.08
Name of Payee Verizon Wireless				Date of Payment 07/15/2019	Method of Check	#
Street Address 1201 Kings Hwy		City Fairfield			State CT	Zip Code 06824-5319
Purpose of Expenditure (by code) OVHD	Description	<u></u>	Even	.t #		Amount
Expenditure # (if applicable)	Type of Expenditure (<i>Itemization in Addendum P Required u</i> None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee) (Independent) (Independent)	ndent			\$212.67

SUBTOTAL Section P - This Page	\$800.75
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport '			- 22	7th day preceding	orimary	
		s Paid by Commit	tee			1
Name of Payee Troy Clemons				Date of Payment 08/05/2019	Method of Check	# <u>1115</u>
Street Address		City Bridgeport			State CT	Zip Code 06604-2124
695 Wood Ave Purpose of Expenditure (by code) CNSLT	Description		Event	:#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re)	ndent			\$22.50
Name of Payee James Blasius				Date of Payment 08/05/2019	Method of Check	# 1098 CardEFT
Street Address 500 Fairfield Beach I	Rd. # 4 0	City Fairfield			State CT	Zip Code 06824-6733
Purpose of Expenditure (by code) CNSLT	Description		Event	58		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$225.00
Name of Payee Michelle Lindsay				Date of Payment 08/25/2019	Method of Check	# 1328
Street Address 331 Maple St		City Bridgeport		<u> </u>	State CT	Zip Code 06608-1922
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	.t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind con	r committee) (Indepe	endent			\$225.00
Name of Payee Damaris Gomez				Date of Payment 08/05/2019	Method o	Card EFT
Street Address 203 Main St	10 12 1 12 1 12 14 14 14 14 14 14 14 14 14 14 14 14 14	City Bridgeport			State CT	Zip Code 06604-5708
Purpose of Expenditure (by code) CNSLT	Description	L	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind condition)	or committee) (Independent)				\$225.00

\$697.50	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport '	a second a s			7th day preceding p	orimary	
		es Paid by Commit	tee			
Name of Payee Bagel King of Bridge				Date of Payment 07/15/2019	Method of Check	
Street Address	······································	City Bridgeport			State CT	Zip Code 06604-4208
276 Fairfield Ave Purpose of Expenditure (by code) FOOD	Description	L <u></u>	Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	r committee) re) Πηdeper	ndent			\$230.77
Name of Payee Nancy Bonilla				Date of Payment 08/05/2019	Method of Check	# 1107 Card EFT
Street Address		City Bridgeport			State CT	Zip Code 06607-2305
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind condition)	r committee) me)	ndent			\$236.25
Name of Payee Ecaius Booth				Date of Payment 08/05/2019	Method of Check	# 1095
Street Address 1165 Stratford Rd, U	Init 203	City Stratford	<u> </u>		State CT	Zip Code 06615-7644
Purpose of Expenditure (by code) CNSLT	Description		Even	n #		Amount
Expenditure # (<i>if applicable</i>)	Type of Expenditure (Itemization in Addendum P Required to Itemization involve another candidate of Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind control of the con	r committee)				\$240.00
Name of Payee Tawana Johnson				Date of Payment 08/25/2019	Method of Check	
Street Address 262 Adams St		City Bridgeport	. <u>.</u>	· · · · · · · · · · · · · · · · · · ·	State CT	Zip Code 06607-2403
Purpose of Expenditure (by code) CNSLT	Description	·	Evei			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude of Coordinated without reimbursement sought (in-kind com	ure)	endent			\$247.50

\$954.52	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYP		TYPE OF REPORT	PORT			
Ganim for Bridgeport "				7th day preceding precedin	orimary	
		s Paid by Commit	tee			100 M. 10 M.
Name of Payee Kenneth Beasley			×	Date of Payment 08/25/2019	Method of Check	# 1334
Street Address		City Bridgeport		I	State CT	Zip Code 06607-1619
157 Eagle St Purpose of Expenditure (by code) CNSLT	Description Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind cont	re)	ndent			\$247.50
Name of Payee Nancy Williams				Date of Payment 08/25/2019	Method of Check	# 1333 Card EFT
Street Address 376 Union Ave		City Bridgeport			State CT	Zip Code 06607-1822
Purpose of Expenditure (by code) CNSLT	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$255.00
Name of Payee Tania Whitley				Date of Payment 08/25/2019	Method of Check	# 1330
Street Address 1372 Kossuth St		City Bridgeport		<u> </u>	State CT	Zip Code 06608-1135
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Ever	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Constant of the below (does not involve another candidate o Image: Coordinated with reimbursement sought (joint expenditu Image: Coordinated without reimbursement sought (in-kind complexity)	r committee) re)	ndent			\$285.00
Name of Payee Delisia Boyd				Date of Payment 08/25/2019	Method o Check	Card EFT
Street Address 465 Trumbull Ave, A	ot B	City Bridgeport			State CT	Zip Code 06606-2436
Purpose of Expenditure (by code) CNSLT	Description	<u>1</u>	Ever			Amount
Expenditure # (<i>if applicable</i>)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditut Coordinated without reimbursement sought (in-kind con	or committee)	ndent			\$315.00

\$1,102.50	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport '				7th day preceding (orimary	
		es Paid by Commit	tee			
Name of Payee Staples				Date of Payment 07/25/2019	Method of Check	#
Street Address		City Shelton		<u> </u>	State CT	Zip Code 06484-4706
3 Armstrong Drive Purpose of Expenditure (by code) OFFICE	Description Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	cked)		\$34.01
Name of Payee Rashien Leak				Date of Payment 08/05/2019	Method of Check	# 1109 Card EFT
Street Address		City Bridgeport			State CT	Zip Code 06605-1732
Purpose of Expenditure (by code) CNSLT	Description	Description Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Coordinated with reimbursement sought (joint expenditu Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind compared)	r committee) (Independence)	ndent			\$345.00
Name of Payee Shwan Davis				Date of Payment 08/05/2019	Method of Check	# <u>1111</u>
Street Address		City Bridgeport			State CT	Zip Code 06604-5840
354 Iranistan Ave Purpose of Expenditure (by code) CNSLT	Description		Ever	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required I Image: Coordinated with reimbursement sought (joint expenditu) Coordinated without reimbursement sought (in-kind con	r committee)	ndent			\$345.00
Name of Payee Tommika Leak				Date of Payment 08/05/2019	Method of Check	# 1113
Street Address 354 Iranistan Ave		City Bridgeport		<u>,, , , , , , , , , , , , , , , , , , ,</u>	State CT	Zip Code 06604-5840
Purpose of Expenditure (by code) CNSLT	Description		Eve			Amount
Expenditure # (if applicable)	Type of Expenditure (<i>liemization in Addendum P Required</i> None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	or committee) ure)	endent			\$345.00

\$1,069.01	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

IV. EXPENDITURES (Sections P-T)

Page	92	of	147
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Ganim for Bridgeport '				7th day preceding p	orimary		
		s Paid by Commit	itee			u pravije, s	
Name of Payee Raisteeni Hall				Date of Payment 08/05/2019	Method of Payment Check # 1108 Debit Card EFT		
Street Address		City Bridgeport		L	State CT	Zip Code 06610-1637	
34 Richardson St Purpose of Expenditure (by code) CNSLT	Description	tion Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. V None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	re)	ndent			\$352.50	
Name of Payee Staples			-	Date of Payment 07/25/2019	Method of Check	#EFT	
Street Address 3 Armstrong Drive		City Shelton			State CT	Zip Code 06484-4706	
Purpose of Expenditure (by code) OFFICE	Description		Even	it #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re)	ndent			\$362.79	
Name of Payee Enaisja Upchurch				Date of Payment 08/25/2019	Method of Check	# <u>1291</u>	
Street Address 980 Lindley St		City Bridgeport		· ~	State CT	Zip Code 06606-4700	
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Ever	nt #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to V) None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute) Coordinated with reimbursement sought (in kind control of the below)	r committee) (re)	ndent			\$375.00	
Name of Payee Emonnie Pettway				Date of Payment 08/25/2019	Method of Check	# 1289	
Street Address 60 Yaremich Dr		City Bridgeport	-		State CT	Zip Code 06606-2586	
Purpose of Expenditure (by code) CNSLT	Description	<u></u>	Eve	nt#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Image: None of the below (does not involve another candidate or committee) Image: Coordinated with reimbursement sought (joint expenditure) Image: Coordinated without reimbursement sought (in-kind contribution)					\$375.00	

\$1,465.29	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport "				7th day preceding p	orimary	
		s Paid by Commit	ttee			
Name of Payee Denise Arrington				Date of Payment 08/25/2019	Method of Check	# 1290
Street Address 980 Lindley St, Unit 3	204	City Bridgeport			State CT	Zip Code 06606-4757
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)				\$375.00	
Name of Payee Inez Cosme				Date of Payment 08/25/2019	Method of Check	# <u>1297</u> Card EFT
Street Address 1213 Reservoir Ave	Bridgeport			State CT	Zip Code 06606-2927	
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	ked)		\$383.50
Name of Payee Nina Thomas				Date of Payment 08/25/2019	Method of Check	# 1338
Street Address PO Box 344		City Bridgeport			State CT	Zip Code 06601-0344
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent			\$427.50
Name of Payee Alveta Taylor				Date of Payment 08/05/2019	Method of Check	# <u>1092</u>
Street Address 511 Pembroke St		City Bridgeport			State CT	Zip Code 06608-2606
Purpose of Expenditure (by code) CNSLT	Description	<u>*</u>	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate os Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind com	r committee) (re) Indepe	endent			\$435.00

\$1,621.00	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport '				7th day preceding p	orimary	
Committee Bridgeport		s Paid by Commit	tee		STUDIS.	
Name of Payee Shellay Ebron				Date of Payment 08/05/2019	Method of Check	<u>* 1110</u>
Street Address 603 Wood Ave		City Bridgeport	4		State CT	Zip Code 06604-2455
Purpose of Expenditure (by code) CNSLT	Description Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Image: Strain Str				\$435.00	
Name of Payee Staples				Method of Check	*	
Street Address 1201 Kings Hwy, Ste	Fairfield			State CT	Zip Code 06824-5319	
Purpose of Expenditure (by code) OFFICE	diture Description Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u V) None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ked)		\$442.20
Name of Payee Lilia E Figueroa				Date of Payment 08/05/2019	Method of Check	# <u>1105</u>
Street Address 666 Iranistan Ave		City Bridgeport			State CT	Zip Code 06605-1220
Purpose of Expenditure (by code) CNSLT	Description	· · · · ·	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Mone of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	r committee) re) Indepe				\$45.00
Name of Payee Michelle Pettway				Date of Payment 08/25/2019	Method of Check	# <u>1336</u>
Street Address 45 Mead St	<u></u>	City Bridgeport			State CT	Zip Code 06610-2721
Purpose of Expenditure (by code) CNSLT	Description	· · · · · · · · · · · · · · · · · · ·	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Image: Coordinated with reimbursement sought (joint expenditure) Image: Coordinated without reimbursement sought (in-kind contribution)					\$45.00

\$967.20	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)	B.S	TYPE OF REPORT	TYPE OF REPORT		
Ganim for Bridgeport '				7th day preceding	orimary		
		s Paid by Commit	tee			C. COMPARING ST	
Name of Payee Timiesha Rivera				Date of Payment 08/25/2019	Check	Method of Payment Check # 1331 Debit Card	
Street Address 206 Black Rock Ave		City Bridgeport		#	State CT	Zip Code 06605-1237	
Purpose of Expenditure (by code) CNSLT	Description		Even	a.∦		Amount	
Expenditure # (if applicable)	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Image: Strain Str				\$45.00	
Name of Payee Bernard Gill				Date of Payment 08/25/2019	Method of Check	# 1337 Card EFT	
Street Address 1575 Boston Ave		City Bridgeport			State CT	Zip Code 06610-2646	
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	cked)		\$45.00	
Name of Payee Emma B Lawton				Date of Payment 07/05/2019	Method of Check	# <u>1013</u>	
Street Address 52 Dogwood Ln		City Trumbull			State CT	Zip Code 06611-5050	
Purpose of Expenditure (by code) CNSLT	Description	·	Even	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee) re)	ndent	cked)		\$500.00	
Name of Payee IUOE Local 478 Poli	cial Action Committee			Date of Payment 07/05/2019	Method of Check	# 1014	
Street Address 1965 Dixwell Ave		City Hamden			State CT	Zip Code 06514-2407	
Purpose of Expenditure (by code) REF	Description Refund		Ever			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	r committee)	ndent			\$500.00	

SUBTOTAL Section P - This Page	\$1,090.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT				TYPE OF REPORT		
Ganim for Bridgeport '	19			7th day preceding	orimary	
	P. Expense	es Paid by Commit	tee			
Name of Payee Marlin Strategies, LL	C			Date of Payment 08/05/2019	Method of Payment Check # 1018 Debit Card EFT	
Street Address 6813 Buttermere Ln		City Bethesda			State MD	Zip Code 20817-1529
Purpose of Expenditure (by code) CNSLT	Description	L	Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re)	ndent	A B C D		\$5,000.00
Name of Payee Betty Roberson				Date of Payment 08/05/2019	Method of Check	# 1093 CardEFT
Street Address 353 Iranistan Ave	Bridgeport			State CT	Zip Code 06604-5839	
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	⊂ked} ■ A □ B □ C □ D		\$52.50
Name of Payee Mirella Villacres				Date of Payment 08/05/2019	Method of Check	# <u>1090</u>
Street Address 90 Garfield Ave		City Bridgeport			State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description	· ·	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re) Indepen	ndent			\$64.00
Name of Payce Staples				Date of Payment 07/15/2019	Method of Check	#
Street Address City Milford		State CT	Zip Code 06460-2755			
Purpose of Expenditure (by code) OFFICE	Description	·	Even	it #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Image: Coordinated with reimbursement sought (joint expenditure) Image: Coordinated without reimbursement sought (in-kind contribution)					\$758.25

SUBTOTAL Section P - This Page \$5	874.75
TOTAL of Section P Pages \$159	,965.53
LL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$159	,965.53

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport '	19			7th day preceding	orimary	
	P. Expense	es Paid by Commit	tee			
Name of Payee Charlene Draper				Date of Payment 08/25/2019	Method of Check	# 1335
Street Address 1388 Stratford Ave		City Bridgeport		<u> </u>	State CT	Zip Code 06607-1418
Purpose of Expenditure (by code) CNSLT	Description		Even	x#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required ut None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) ne)	ndent			\$82.50
Name of Payee James Jefferson				Date of Payment 08/25/2019	Method of Check	# <u>1326</u> Card EFT
Street Address 320 East Ave		City Bridgeport			State CT	Zip Code 06610-2904
Purpose of Expenditure (by code) CNSLT	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re) Indeper	ndent	cked)		\$90.00
Name of Payee T-Mobile				Date of Payment 07/15/2019	Method of Check	#
Street Address 265 E Main St	197 - 197 - 197 197	City Bridgeport		·	State CT	Zip Code 06608-2715
Purpose of Expenditure (by code) OVHD	Description	1	Even	it #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditut) Coordinated without reimbursement sought (in-kind con	r committee)	ndent			\$90.91
Name of Payee Executive Office Ser	vices			Date of Payment 08/15/2019	Method o Check	Card EFT
Street Address 2085 Madison Ave		City Bridgeport			State CT	Zip Code 06606-3234
Purpose of Expenditure (by code) A-SIGN	Description	······································	Ever			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	or committee)	endent			\$957.15

\$1,220.56	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF RI			TYPE OF REPORT	T		
Ganim for Bridgeport				7th day preceding p	orimary	
Jerre Party and a second se		es Paid by Commit	itee		12492 14	
Name of Payee Marie Hernandez				Date of Payment 08/16/2019	Method of Check	# 1152
Street Address 64A Chestnut St		City Bridgeport			State CT	Zip Code 06604-2683
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	ked)		\$102.00
Name of Payee Nyesha Crump				Date of Payment 08/26/2019	Method of Check	# 1309 Card EFT
Street Address 741 William St		City Bridgeport			State CT	Zip Code 06608-1014
Purpose of Expenditure (by code) CNSLT	Description		Event	·		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	ked) □A □B □C □D		\$105.00
Name of Payee Willene W Gibson				Date of Payment 08/26/2019	Method of Check	# <u>1348</u>
Street Address 355 Carroll Ave		City Bridgeport			State CT	Zip Code 06607-1815
Purpose of Expenditure (by code) CNSLT	Description	<u>. </u>	Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee) (re)	ndent	cked)		\$105.00
Name of Payee Avis Samuel				Date of Payment 08/26/2019	Method of Check	# 1346
Street Address 66 Chestnut St		City Bridgeport			State CT	Zip Code 06604-2638
Purpose of Expenditure (by code) CNSLT	Description	·	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate os Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind con	r committee)	ndent			\$105.00

\$417.00	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			TYPE OF REPORT	12		
Ganim for Bridgeport '	19			7th day preceding	orimary	
	P. Expense	es Paid by Commit	tee			ACCOUNTS IN THE
Name of Payee Sonia Belardo				Date of Payment 08/16/2019	Method of Check	# 1204
Street Address 730 Palisade Ave, At	ot C11	City Bridgeport			State CT	Zip Code 06610-3470
Purpose of Expenditure (by code) CNSLT	Description		Even	. #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent			\$105.00
Name of Payee Tamara Gill				Date of Payment 08/26/2019	Method of Check	# 1347 Card EFT
Street Address 206 Virginia Ave		City Bridgeport			State CT	Zip Code 06610-1545
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	∴ked) ▲ □ B □ C □ D		\$105.00
Name of Payee James Jefferson				Date of Payment 08/16/2019	Method of Check	# <u>1169</u>
Street Address 320 East Ave		City Bridgeport			State CT	Zip Code 06610-2904
Purpose of Expenditure (by code) CNSLT	Description	<u></u>	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$112.50
Name of Payce Tommika Leak				Date of Payment 08/26/2019	Method of	# 1316
Street Address 354 Iranistan Ave		City Bridgeport			State CT	Zip Code 06604-5840
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re) Oreani	ndent			\$120.00

\$442,50	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF			TYPE OF REPORT	EPORT		
Ganim for Bridgeport "				7th day preceding	orimary	
		es Paid by Commit	tee			
Name of Payee Mirella Villacres				Date of Payment 08/26/2019	Method of Check	# 1323
Street Address 90 Garfield Ave		City Bridgeport		<u> </u>	State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description	<u>.</u>	Even	. #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind cont	re)	ndent			\$120.00
Name of Payee George Johnson				Date of Payment 08/26/2019	Method of Check	# 1299 Card EFT
Street Address 136 Saint Stephens F	Rd, Bldg 10 #208	City Bridgeport			State CT	Zip Code 06605-2854
Purpose of Expenditure (by code) CNSLT	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate ou Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$120.00
Name of Payce Joshua Dellaquila				Date of Payment 08/16/2019	Method of Check	# <u>1153</u>
Street Address 2855 Fairfield Ave, #	2F	City Bridgeport		<u> </u>	State CT	Zip Code 06605-3211
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	it #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	cked)		\$1,250.00
Name of Payee Joshua Dellaquila	L			Date of Payment 07/26/2019	Method of Check	# 1032 Card EFT
Street Address 2855 Fairfield Ave, #	2F	City Bridgeport			State CT	Zip Code 06605-3211
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Ever	at #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	r committee) (re)	ndent			\$1,250.00

\$2,740.00	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	THE R. L.	
Ganim for Bridgeport '				7th day preceding p	orimary	
	P. Expense	es Paid by Commit	tee			
Name of Payee Jose Santiago				Date of Payment 08/26/2019	Method of Check	# <u>1340</u>
Street Address 34B Stone Ridge Rd		City Bridgeport			State CT	Zip Code 06606-2577
Purpose of Expenditure (by code) CNSLT	Description		Event	· · · · · · · · · · · · · · · · · · ·		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ident	ked)		\$1,275.00
Name of Payee Andrew Hernandez				Date of Payment 08/16/2019	Method of Check	# 1188 CardEFT
Street Address 880 Hancock Ave	, <u></u>	City Bridgeport			State CT	Zip Code 06605-1930
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	ked) □A □B □C □D		\$135.00
Name of Payee Richard Bush				Date of Payment 08/26/2019	Method of Check	# <u>1312</u>
Street Address 44 Horace St	<u></u>	City Bridgeport		<u> </u>	State CT	Zip Code 06610-2040
Purpose of Expenditure (by code) CNSLT	Description	<u></u>	Even	1 #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u V None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind conditional c	r committee)	ndent			\$135.00
Name of Payee Tiffany Hedab			-	Date of Payment 08/26/2019	Method of Check	# 1292
Street Address Trumbull Avenue		City Bridgeport			State CT	Zip Code 06606
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	it #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	or committee) are) Indepe	ndent			\$135.00

\$1,680.00	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport '	19			7th day preceding	g primary	
	P. Expense	es Paid by Commit	tee			(RIN 2011/0 0=),
Name of Payee Shere Askew				Date of Payment 08/26/2019	Method of Check	# 1321
Street Address 973 Reservoir Ave		City Bridgeport			State CT	Zip Code 06606-2918
Purpose of Expenditure (by code) CNSLT	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind cont	re)	ndent	∴ked)		\$150.00
Name of Payee Leighten Reynolds				Date of Payment 08/26/2019	Method of Check	# <u>1304</u>
Street Address 104 Bancroft Ave		City Bridgeport			State CT	Zip Code 06604-1901
Purpose of Expenditure (by code) CNSLT	Description	· =	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	Cked)		\$165.00
Name of Payee Maria I Hernandez				Date of Payment 08/16/2019	Method of Check	# <u>1151</u>
Street Address 201 Arctic St	· · · · · · · · · · · · · · · · · · ·	City Bridgeport			State CT	Zip Code 06608-1829
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$174.50
Name of Payee Gloria Brown	<u> </u>			Date of Payment 08/26/2019	Method of Check	<u>* 1319</u>
Street Address 285 Hollister Ave		City Bridgeport			State CT	Zip Code 06607-1925
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) indepen	ndent			\$180.00

\$669.50	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	L OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		20111234
Ganim for Bridgeport				7th day preceding	primary	
	P. Expense	es Paid by Commi	ttee			
Name of Payee Latara Clark				Date of Payment 08/26/2019	Method of Check	# <u>1302</u>
Street Address 85 Birch Dr		City Stratford			State CT	Zip Code 06615-7432
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the second control of	r committee) re) Indepen	ndent	cked)		\$180.00
Name of Payee Carolyn B Nah	Ξ.			Date of Payment 08/26/2019	Method of Check	# 1318 Card EFT
Street Address 44 Lewis St		City Bridgeport			State CT	Zip Code 06605-1224
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another canother candidate or I	r committee) (re) Independent (re) Organi	ndent			\$180.00
Name of Payee McKaela Askew				Date of Payment 08/26/2019	Method of	# <u>1320</u>
Street Address		City Bridgeport		<u> </u>	State CT	Zip Code 06606-2918
973 Reservoir Ave Purpose of Expenditure (by code) CNSLT	Description	I	Even	it #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) (Indepe	ndent	cked)		\$180.00
Name of Payee Demaris Gomez				Date of Payment 08/26/2019	Method of Check	# <u>1301</u>
Street Address 203 Main St		City Bridgeport			State CT	Zip Code 06604-5708
Purpose of Expenditure (by code) CNSLT	Description		Ever	12 #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee) (Indepe	ndent			\$195.00

\$735.00	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)	8.U.C.	TYPE OF REPORT		
Ganim for Bridgeport '				7th day preceding	primary	
	P. Expense	es Paid by Commit	tee			
Name of Payee Rashien Leak	Payee			Method of Check	# <u>1311</u>	
Street Address		City Bridgeport			State CT	Zip Code 06605-1732
112 Clinton Ave Purpose of Expenditure (by code) CNSLT	Description Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$195.00
Name of Payee Gabriela Koc				Date of Payment 08/16/2019	Method of Check	# 1157 Card EFT
Street Address 525 Long Hill Ave		City Shelton			State CT	Zip Code 06484-4263
Purpose of Expenditure (by code) CNSLT	Description	<u></u>	Even	t#	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee) (Independence)	ndent	-ked)		\$195.00
Name of Payee James Jefferson				Date of Payment 08/16/2019	Method of Check	# 1262
Street Address		City Bridgeport	<u> </u>		State CT	Zip Code 06610-2904
320 East Ave Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	or committee) ire) Indepe	ndent			\$195.00
Name of Payee Nilsa Heredia				Date of Payment 08/26/2019	Method of Check	* <u>1287</u>
Street Address	Rida 11 #203	City Bridgeport	_	•	State CT	Zip Code 06605
144 St Stephen Rd, Purpose of Expenditure (by code) CNSLT	Description	· · · ·	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	or committee)	endent	cked)		\$210.00

SUBTOTAL Section P - This Page	\$795.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	100	TYPE OF REPORT	Sec. 17.	
Ganim for Bridgeport '				7th day preceding	primary	
	P. Expense	es Paid by Commit	itee			1800
Name of Payee Liticia Lopez			Method of Payment Check # 1305 Debit Card EFT			
Street Address		City Stamford			State CT	Zip Code 06902-7111
114 Soundview Ct Purpose of Expenditure (by code) CNSLT	Description Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does not involve another candidate or committee) Image: Provide the below (does no					\$225.00
Name of Payee Sonia Jefferson				-	Method of Check	# <u>1314</u>
Street Address 730 Palisade Ave, A	nt C5	City Bridgeport			State CT	Zip Code 06610-3445
Purpose of Expenditure	Description	. <u> </u>	Even	1#		Amount
(by code) CNSLT						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of the below (does not involve another candidate or committee) Image: State of					\$255.00
Name of Payee Latefiah T Moore				Date of Payment 08/26/2019	Method of Check	# <u>1303</u>
Street Address 68 Highland Ave		City Bridgeport			State CT	Zip Code 06604-3512
Purpose of Expenditure (by code) CNSLT	Description	I	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re) Indepen	ndent	iked)	-	\$255.00
Name of Payee Ralsteeni Hall				Date of Payment 08/26/2019	Method of Check	# <u>1310</u>
Street Address 34 Richardson St		City Bridgeport		<u> </u>	State CT	Zip Code 06610-1637
Purpose of Expenditure (by code) CNSLT	Description	I	Even	r#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re)	ndent	ked)		\$270.00

\$1,005.00	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport	Ganim for Bridgeport '19 7th day preceding p			primary		
P. Expenses Paid by Committee						
Name of Payee Optimum				Date of Payment 07/16/2019	Method of Check	
Street Address PO Box 9256		City Chelsea			State MA	Zip Code 02150-9256
Purpose of Expenditure (by code) OVHD	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ıdent	:ked) □A □B □C □D		\$284.93
Name of Payee Marie Hernandez				Date of Payment 08/26/2019	Method of Check	# 1325
Street Address 64A Chestnut St		City Bridgeport			State CT	Zip Code 06604-2683
Purpose of Expenditure (by code) CNSLT	Description		Event	t#	Amount	
Expenditure # (if applicable)						\$30 00
Name of Payee Catrenna Peyton				Date of Payment 08/16/2019	Method of Check	# 1178
Street Address 253 East Ave		City Bridgeport			State CT	Zip Code 06610-2962
Purpose of Expenditure (by code) CNSLT	Description		Event	*		Amount
Expenditure # (if applicable)						\$30.00
Name of Payee			Ι	Date of Payment	Method of	Payment
Maria I Hernandez				08/26/2019	Check	
Street Address 201 Arctic St		City Bridgeport			State CT	Zip Code 06608-1829
Purpose of Expenditure (by code) CNSLT	Description		Event	a		Amount
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) Image: Coordinated with reimbursement sought (joint expenditure) Image: Coordinated without reimbursement sought (in-kind contribution) Image: Coordinated without reimbursement sought (in-kind contribution)					\$30.00	

\$374.93	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT					S.	
Ganim for Bridgeport	'19			7th day preceding	primary	
P. Expenses Paid by Committee						
Name of Payee George Jordan				Date of Payment 08/26/2019	Method of Check	# 1300
Street Address 66 Poplar St, # 1		City Bridgeport			State CT	Zip Code 06605-1973
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee)	ndent	ked) □A □B □C □D		\$330.00
Name of Payee VIP Country Market				Date of Payment 07/26/2019	Method of Check	#
Street Address 320 Palisade Ave		City Bridgeport			State CT	Zip Code 06610
Purpose of Expenditure (by code) FOOD	Description		Event	· ····	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re)	dent	ked)		\$34.75
Name of Payee Vonda McKelthan				Date of Payment 08/26/2019	Method of Check	# <u>1317</u>
Street Address 347 Huntington Rd		City Bridgeport			State CT	Zip Code 06608-1106
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e)	dent	(ed)		\$390.00
Name of Payee				Date of Payment	Method of	
Cynthia Jackson				08/16/2019	Check :	
Street Address 303 Judson Pl		City Bridgeport			State CT	Zip Code 06610-2918
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee)	lent			\$45.00

SUBTOTAL Section P - This Page	\$799.75
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport	'19			7th day preceding	primary	
P. Expenses Paid by Committee						
Name of Payee Yahan Lefevre				Date of Payment 08/16/2019	Method o	
Street Address 404 Shelton St		City Bridgeport			State CT	Zip Code 06608-1634
Purpose of Expenditure (by code) CNSLT	Description		Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	cked)		\$45.00
Name of Payee Shakeerna Gill				Date of Payment 08/16/2019	Method of Check	# <u>1165</u>
Street Address 702 Bishop Ave		City Bridgeport			State CT	Zip Code 06610-3053
Purpose of Expenditure (by code) CNSLT	Description		Event	t#	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contri	re)	ndent	ked)		\$45.00
Name of Payee Hazel Johnson				Date of Payment 08/16/2019	Method of Check	# <u>1170</u>
Street Address 1314 Stratford Ave, I	F12	City Bridgeport			State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee) e) Indepen	ident			\$45.00
Name of Payee Tramaine Pettway				Date of Payment 08/16/2019	Method of Check	* <u>1177</u>
Street Address 45 Mead St		City Bridgeport	(State CT	Zip Code 06610-2721
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee)	dent			\$45.00

\$180.00	SUBTOTAL Section P - This Page					
\$159,965.53	TOTAL of Section P Pages					
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)					
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		TO ARTICLE IN
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Ganim for Bridgeport	'19			7th day preceding	primary	
	P. Expens	es Paid by Commi	ttee	0 <u>12:1.X_X</u> 1133		
Name of Payee Michelle Lindsay		Date of Payment 08/16/2019			Method o	
Street Address 331 Maple St	-	City Bridgeport			State CT	Zip Code 06608-1922
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee)	ndent			\$45.00
Name of Payee Shellay Ebron				Date of Payment 08/26/2019	Method of Check	# <u>1313</u>
Street Address 603 Wood Ave		City Bridgeport			State CT	Zip Code 06604-2455
Purpose of Expenditure (by code) CNSLT	Description		Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent			\$450.00
Name of Payee Alveta Taylor	· · · · · · · · · · · · · · · · · · ·			Date of Payment 08/26/2019	Method of Check	# <u>1298</u>
Street Address 511 Pembroke St		City Bridgeport			State CT	Zip Code 06608-2606
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e)	ident	ked)		\$450.00
Name of Payee Emma B Lawton				Date of Payment 08/16/2019	Method of Check	# <u>1154</u>
Street Address 52 Dogwood Ln		City Trumbull			State CT	Zip Code 06611-5050
Purpose of Expenditure (by code) CNSLT	Description		Event	#	-	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind contra	committee) e) Independent	dent		T.	\$500.00

\$1,445.00	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	19			7th day preceding	primary	
In any starting being	P. Expense	es Paid by Commit	itee			
Name of Payee Emma B Lawton				Date of Payment 07/26/2019	Method of Check	# <u>1033</u>
Street Address 52 Dogwood Ln		City Trumbull		· · · · · · · · · · · · · · · · · · ·	State CT	Zip Code 06611-5050
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	ked) □A □B □C □D		\$500.00
Name of Payee Harry Bell				Date of Payment 08/26/2019	Method of Check	# <u>1342</u>
Street Address 2 Rockridge Cir		City Bridgeport			State CT	Zip Code 06606-2551
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u V None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	cked)		\$525.00
Name of Payee Ta'Shira Parker	·			Date of Payment 08/26/2019	Method of Check	<u># 1315</u>
Street Address 85 Birch Dr	· · · · · · · · · · · · · · · · · · ·	City Stratford			State CT	Zip Code 06615-7432
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	iked)		\$60.00
Name of Payee Nanette Malone				Date of Payment 08/26/2019	Method of Check	# <u>1343</u>
Street Address 34 Valley Ave		City Bridgeport		<u> </u>	State CT	Zip Code 06606-3748
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re)	dent	ked)		\$600.00

SUBTOTAL Section P - This Page	\$1,685.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	S. 11	
Ganim for Bridgeport '	19			7th day preceding	primary	
	P. Expense	es Paid by Commit	ttee			
Name of Payee Doris Nelson		······		Date of Payment 08/26/2019	Method of Payment Check # 1341 Debit Card EFT	
Street Address 24A Stone Ridge Rd		City Bridgeport			State CT	Zip Code 06606-2576
Purpose of Expenditure (by code) CNSLT	Description	······································	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re)	ndent	cked) □A □B □C □D		\$660.00
Name of Payee Executive Office Serv	vices			Date of Payment 07/26/2019	Method of Check	# 1036 Card EFT
Street Address 2085 Madison Ave		City Bridgeport			State CT	Zip Code 06606-3234
Purpose of Expenditure (by code) A-OTH	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	re)	ndent	cked)		\$712.55
Name of Payee Sharonda Tuck	unani (, , , , , , , , , , , , , , , , , , ,			Date of Payment 08/16/2019	Method of Check	# <u>1156</u>
Street Address 1314 Stratford Ave		City Bridgeport			State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	re)	ndent			\$75.00
Name of Payee Nancy Bonilla				Date of Payment 08/26/2019	Method of Check	# <u>1308</u>
Street Address 178 Union Ave		City Bridgeport		·	State CT	Zip Code 06607-2305
Purpose of Expenditure (by code) CNSLT	Description	· · · · ·	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	re)	ndent	sked) □A□B□C□D		\$75.00

SUBTOTAL Section P - This Page	\$1,522.55
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	1. 11 22:51	<u> 50 m. s vs</u>
Ganim for Bridgeport '	19			7th day preceding	primary	
		es Paid by Commit	ttee			
Name of Payee Melvin Johnson				Date of Payment 08/16/2019	Method of Check	# 1155
Street Address 1314 Stratford Ave		City Bridgeport			State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	.ked) □A □B □C □D		\$75.00
Name of Payee Executive Office Serv	vices			Date of Payment 08/06/2019	Method of Check	# 1116 Card EFT
Street Address 2085 Madison Ave		City Bridgeport			State CT	Zip Code 06606-3234
Purpose of Expenditure (by code) A-OTH	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	cked)		\$755.09
Name of Payee Testo's Pizzeria				Date of Payment 08/26/2019	Method of Check	#
Street Address 1023 Brooklawn Ave		City Fairfield			State CT	Zip Code 06825-1812
Purpose of Expenditure (by code) FOOD	Description		Even	c#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	cked)		\$89.90
Name of Payee Stephanie A. Hardisc				Date of Payment 08/16/2019	Method of Check	# <u>1166</u>
Street Address 260 Success Ave, Ap	ot 14	City Bridgeport			State CT	Zip Code 06610-2426
Purpose of Expenditure (by code) CNSLT	Description	· · · · · · · · · · · · · · · · · · ·	Even	 t <i>≢</i>		Amount
Expenditure # (<i>if applicable</i>)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent			\$90.00

SUBTOTAL Section P - This Page	\$1,009.99
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

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NAME OF COMMITT	· · · · · · · · · · · · · · · · · · ·	ig Repository)		TYPE OF REPORT	ſ	
Ganim for Bridgepo	rt '19			7th day precedin	g primary	
	P. Expen	ses Paid by Comm	ittee			NE PROF
Name of Payee Melvin Johnson				Date of Payment 08/16/2019		of Payment k # 1171 t Card EFT
Street Address 1314 Stratford Ave		City Bridgeport	_		State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description		Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required Image: White the provided of the prov	or committee) ure) Indepe	endent		- >	\$90.00
Name of Payee Althea Currie				Date of Payment 08/16/2019	Method of Check	[#] <u>1162</u>
Street Address 980 Lindley St, Unit		City Bridgeport		<u> </u>	State CT	Zip Code 06606-4754
Purpose of Expenditure (by code) CNSLT	Description		Event	#	-	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind com	r committee) (re) Indeper	ndent			\$90.00
Name of Payee Marie Hernandez				Date of Payment 08/26/2019	Method of Check	# <u>1307</u>
Street Address 64A Chestnut St		City Bridgeport		<u></u>	State CT	Zip Code 06604-2683
Purpose of Expenditure (by code) CNSLT	Description		Event	#	<u> </u>	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re) Indepen	dent			\$90.00
Name of Payee Sharonda Tuck		·	T	Date of Payment 08/16/2019	Method of I	1182
Street Address		City Bridgeport			State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description		Event #	,		Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee)	lent			\$90.00

\$360.00	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	1
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	

IV. EXPENDITURES (Sections P-T)

Ganim for Bridge	TEE (Provide Complete Name as Registered with Fili	ng Repository)		TYPE OF REPOR	T	
Ganim for Bridgepo				7th day precedi	ng primar	y
Nome of Dece	P. Exper	ises Paid by Comn	nittee		110 <u>.</u> X	
Name of Payee Tina Johnson				Date of Payment 08/16/2019	Ch 🗸	d of Payment eck # 1173 bit Card EFT
Street Address 1567 Boston Ave		City Bridgeport		<u> </u>	State	Zip Code 06610-2638
Purpose of Expenditure (by code) CNSLT	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemization in Addendum P Required Image: Type of Expenditure (Itemizatin in Addendum P Required <	or committee) ture)			D	\$90.00
Name of Payee Maria I Hernandez				Date of Payment 08/26/2019	Che	of Payment ck # 1306 it Card EFT
Street Address 201 Arctic St		City Bridgeport	1		State CT	Zip Code 06608-1829
Purpose of Expenditure (by code) CNSLT	Description		Event	#	1	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind con	or committee)	ndent			\$90.00
Name of Payee John Zogby Strateg				Date of Payment 07/16/2019	Method of Chec	of Payment k # 1028 Card EFT
Street Address 10 Oakwood Dr		City New Hartford		· · · · ·	State NY	Zip Code 13413-2458
Purpose of Expenditure (by code) POLLS	Description	<u> </u>	Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contri	re) Indepen	dent			\$9,250.00
Name of Payee Dak Strategies				Date of Payment 08/27/2019	Method of Check	# 1350
treet Address 90 Broadway, Ste 1	32	City Methuen		<u> </u>	State MA	Zip Code 01844-6827
urpose of Expenditure by code) A-OTH	Description	·····	Event #		<u> </u>	Amount
xpenditure # fapplicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in kind contri	committee)	ent) A DB C D		\$10,632.00

\$20,062.00	SUBTOTAL Section P - This Page		
\$159,965.53	TOTAL of Section P Pages		1155
\$159,965.53	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE	

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IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	ter	ng Repository)		TYPE OF REPORT		
Ganim for Bridgepo	rt '19	· · ·		7th day precedin	g primary	
N	P. Expen	ses Paid by Comm	nittee			Call Magazaki Sarah
Name of Payee Oak Strategies				Date of Payment 08/27/2019	Method of Chec	of Payment k # 1349 t Card EFT
Street Address		City Methuen		•	State	Zip Code
290 Broadway, Ste Purpose of Expenditure					MA	01844-6827
(by code) A-OTH	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	or committee) ure) Indepe				\$10,780.00
Name of Payee Willene W Gibson				Date of Payment 08/27/2019	Method o	
Street Address 355 Carroll Ave		City Bridgeport			State CT	Zip Code 06607-1815
Purpose of Expenditure (by code) CNSLT	Description	•	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	r committee)	ndent			\$145.00
Name of Payee Kenneth Beasley				Date of Payment 08/27/2019	Method of Check	# 1351
Street Address 157 Eagle St		City Bridgeport			State CT	Zip Code 06607-1619
Purpose of Expenditure (by code) CNSLT	Description		Event	4		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e) Indepen	dent			\$52.50
Name of Payee GoDaddy				Date of Payment 07/17/2019	Method of I Check #	y
Street Address 14455 N Hayden Rd,	Ste 219	City Scottsdale			State AZ	Zip Code 85260-6993
Purpose of Expenditure by code) WEB	Description		Event #		A	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee)	lent			\$69.37

SUBTOTAL Section P - This Page	\$11,046.87
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

	'EE (Provide Complete Name as Registered with Filin	ng Repository)		TYPE OF REPORT		
Ganim for Bridgepo	rt '19			7th day precedin	g primary	
	P. Expen	ises Paid by Comm	ittee			1
Name of Payee Luzina Galberth				Date of Payment 08/18/2019		of Payment ck # 1192 it CardEFT
Street Address 156 Norman St		City Bridgeport		<u> </u>	State CT	Zip Code 06605-1523
Purpose of Expenditure (by code) CNSLT	Description	·•	Even	ıt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	or committee) ure)	endent		•	\$105.00
Name of Payee Home Depot				Date of Payment 07/08/2019	Method of Chec	
Street Address 541 Kings Highway		City Fairfield		<u> </u>	State CT	Zip Code 06824-5305
Purpose of Expenditure (by code) OVHD	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind con	or committee) Ire) Indepen	ndent			\$111.52
Name of Payee David Heard				Date of Payment 08/18/2019	Method of Check	
Street Address 1450 Main St		City Bridgeport		-	State CT	Zip Code 06604-3646
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contri	re)	dent			\$120.00
Name of Payee NGP Van				Date of Payment 07/08/2019	Method of Check	#
Street Address 1101 15th St NW, St	e 500	City Washington	t_,		State DC	Zip Code 20005-5006
Purpose of Expenditure (by code) OVHD	Description		Event #	<u> </u>	 	Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) e) Independ	lent	d)]ABCD		\$1,230.00

SUBTOTAL Section P - This Page	\$1,566.52
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	'19			7th day preceding	primary	
7.000 10 53 10 -	P. Expense	es Paid by Commit	tee			k, niesi -i
Name of Payee Brenda Gill				Date of Payment 08/18/2019	Method of Check	# <u>1191</u>
Street Address 206 Black Rock Ave		City Bridgeport		· · · ·	State CT	Zip Code 06605-1237
Purpose of Expenditure (by code) CNSLT	Description Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	dent			\$127.50
Name of Payee Delisia Boyd				Date of Payment 08/18/2019	Method of Check	# <u>1194</u>
Street Address 465 Trumbull Ave, A	pt B	City Bridgeport			State CT	Zip Code 06606-2436
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even	t #		Amount
Expenditure # (<i>if applicable</i>)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ident	ked)		\$135.00
Name of Payee Tania Whitley				Date of Payment 08/18/2019	Method of Check	# 1200
Street Address 1372 Kossuth St	· · · · <u>· · · · · · · · · · · · · · · </u>	City Bridgeport		• • • • • • • •	State CT	Zip Code 06608-1135
Purpose of Expenditure (by code) CNSLT	Description	L	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ident			\$135.00
Name of Payee Inez Cosme				Date of Payment 08/18/2019	Method of Check	<u># 1195</u>
Street Address 1213 Reservoir Ave		City Bridgeport			State CT	Zip Code 06606-2927
Purpose of Expenditure (by code) CNSLT	Description		Even	1.#	2	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	dent	.ked)		\$135.00

\$532.50	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	'19			7th day preceding	primary	
	P. Expense	es Paid by Commi	ttee			
Name of Payee Beverly Cox				Date of Payment 08/18/2019	Method of Check	# <u>1190</u>
Street Address 376 E Washington A	ve	City Bridgeport		<u> </u>	State CT	Zip Code 06608-2149
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: State of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu) Coordinated without reimbursement sought (in-kind control	r committee) re) Indepen	ndent	ked)		\$135.00
Name of Payee Larissa Smith				Date of Payment 08/18/2019	Method of Check	# <u>1198</u>
Street Address 677 Sylvan Ave		City Bridgeport			State CT	Zip Code 06606-3074
Purpose of Expenditure (by code) CNSLT	Description Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u)None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re)	ndent	.ked)		\$135.00
Name of Payee Mirella Villacres				Date of Payment 07/18/2019	Method of	# 1016
Street Address 90 Garfield Ave		City Bridgeport	-		State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description		Even	r#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re)	ndent	ked)		\$170.00
Name of Payce Nina Thomas				Date of Payment 08/18/2019	Method of Check	# 1199
Street Address PO Box 344		City Bridgeport			State CT	Zip Code 06601-0344
Purpose of Expenditure (by code) CNSLT	Description		Even	1 #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind cont	re)	ndent	ked)		\$172.50

\$612.50	SUBTOTAL Section P - This Page	8
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	KPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	_	TYPE OF REPORT		
Ganim for Bridgeport				7th day preceding	primary	
		es Paid by Commi	ttee		printery	
Name of Payee Tawana Johnson	*			Date of Payment 08/18/2019	Method of Check	< # <u>1201</u>
Street Address 262 Adams St		City Bridgeport		·,	State CT	Zip Code 06607-2403
Purpose of Expenditure (by code) CNSLT	Description Event #			Amount		
Expenditure # (if applicable)	Type of Expenditure (liemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)				\$195.00	
Name of Payee BJ's Whole Sale Wa	rehouse			Date of Payment 08/28/2019	Method of Check	#
Street Address 40 Black Rock Tpke		City Fairfield			State CT	Zip Code 06825-5507
Purpose of Expenditure (by code) FOOD	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditue Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ident	ked)		\$242.73
Name of Payee Executive Office Ser	vices			Date of Payment 07/18/2019	Method of Check	<u># 1031</u>
Street Address 2085 Madison Ave		City Bridgeport			State CT	Zip Code 06606-3234
Purpose of Expenditure (by code) A-SIGN	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re)	dent	(ed)		\$340.32
Name of Payee Shwan Davis				Date of Payment 08/18/2019	Method of Check	# <u>1203</u>
Street Address 354 Iranistan Ave		City Bridgeport			State CT	Zip Code 06604-5840
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr	committee) e) Independ	dent	ed)		\$37.50

\$815.55	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Ganim for Bridgeport	'19			7th day preceding	primary	64
	P. Expens	es Paid by Commi	ttee			
Name of Payee Staples				Date of Payment 08/08/2019	Method o Check	<u></u>
Street Address 1201 Kings Hwy, Ste		City Fairfield		· · · · · · · · · · · · · · · · · · ·	State CT	Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	Description		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (<i>ltemization in Addendum P Required u</i> None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind conditional)	r committee) re)	ndent	cked)		\$411.77
Brenda B Young 08/18/2019				Method of Check	# 1189	
Street Address 1323 Stratford Ave, A	Apt 5	City Bridgeport			State CT	Zip Code 06607-1432
Purpose of Expenditure (by code) CNSLT					Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re)	ident	ked)		\$45.00
Name of Payee Amazon				Date of Payment 07/18/2019	Method of Check	#
Street Address PO Box 81226		City Seattle			State WA	Zip Code 98108-1300
Purpose of Expenditure (by code) MISC	Description Raincoats		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) e) Indepen	dent			\$63.78
Name of Payee Staples				Date of Payment 07/08/2019	Method of Check	#
Street Address 1201 Kings Hwy, Ste	2	City Fairfield	I		State CT	Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr	committee) e) Independent	dent			\$802.07

SUBTOTAL Section P - This Page	\$1,322.62
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	mell.	TYPE OF REPORT		
Ganim for Bridgeport	'19			7th day preceding	primary	
OUNTY	P. Expens	es Paid by Commi	ttee			
Name of Payce Timiesha Rivera				Date of Payment 08/18/2019	Method of Check	# 1202
Street Address 206 Black Rock Ave		City Bridgeport	-		State CT	Zip Code 06605-1237
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu. Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent			\$82.50
Name of Payee Kecia Walls				Date of Payment 08/18/2019	Method of Check	# 1196
Street Address 178 Davenport St		City Bridgeport			State CT	Zip Code 06607-2009
Purpose of Expenditure (by code) CNSLT	Description		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemitation in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) Indepen	dent	ked)		\$90.00
Name of Payee Kenneth Beasley		· · · ·		Date of Payment 08/18/2019	Method of Check	# 1197
Street Address		City Bridgeport			State CT	Zip Code 06607-1619
Purpose of Expenditure (by code) CNSLT	Description		Event	#1		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee) e) Indepen	dent			\$90.00
Name of Payee Timiesha Rivera				Date of Payment 08/19/2019	Method of Check	1248
Street Address		City Bridgeport			State	Zip Code 06605-1237
206 Black Rock Ave Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not invol	committee) e) Independent	lent			\$105.00

SUBTOTAL Section P - This Page	\$367.50
TOTAL of Section P Pages	\$159 965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	'19			7th day preceding	primary	
Dare in Best and a l	P. Expens	es Paid by Commi	ttee			
Name of Payee Charlene Draper			:	Date of Payment 08/19/2019	Method of Check	# 1264
Street Address 1388 Stratford Ave		City Bridgeport		.	State CT	Zip Code 06607-1418
Purpose of Expenditure (by code) CNSLT	Description	· · · · · · · · · · · · · · · · · · ·	Even	.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Provide the value of the below (does not involve another candidate of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditue) Coordinated with reimbursement sought (joint expenditue) Coordinated without reimbursement sought (in-kind complexity)	or committee)	ndent			\$105.00
Name of Payee Maritza Velez				Date of Payment 08/19/2019	Method of Check	# <u>1345</u>
Street Address 228 Weber St		City Stratford			State CT	Zip Code 06614-5234
Purpose of Expenditure (by code) CNSLT	Description	·	Even	:#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) (re) Independent	ndent	ked)		\$105.00
Name of Payee Andres Carrol				Date of Payment 08/19/2019	Method of Check	# 1266
Street Address 85 Adams St		City Bridgeport			State CT	Zip Code 06607-2402
Purpose of Expenditure (by code) CNSLT	Description	1	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ked)		\$105.00
Name of Payee Felix Arnaldo Rivera				Date of Payment 07/29/2019	Method of Check	# 1041
Street Address 206 Black Rock Ave		City Bridgeport			State CT	Zip Code 06605-1237
Purpose of Expenditure (by code) CNSLT	Description	1	Event	#	<u> </u>	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ident	ked)		\$112,50

SUBTOTAL Section P - This Page	\$427.50
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	'19			7th day preceding	primary	
	P. Expense	es Paid by Commi	ttee		2 11 11	
Name of Payee Ebony N Young				Date of Payment 07/29/2019	Method of Check	# 1040
Street Address 515 E Main St		City Bridgeport			State CT	Zip Code 06608-2328
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind control	r committee) re) Indepe	ndent	ked)		\$112.50
Name of Payee Tommika Leak				Date of Payment 08/19/2019	Method of Check	# 1224
Street Address 354 Iranistan Ave		City Bridgeport			State CT	Zip Code 06604-5840
Purpose of Expenditure (by code) CNSLT	Description		Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) (re) Indepe	ndent	iked) □A □B □C □D		\$120.00
Name of Payee Shwan Davis				Date of Payment 08/19/2019	Method of Check	# 1222
Street Address 354 Iranistan Ave		City Bridgeport		· · · · · ·	State CT	Zip Code 06604-5840
Purpose of Expenditure (by code) CNSLT	Description	L	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u Image: Type of Expenditure (Itemization in Addendum P Required u Image: Type of Expenditure (Itemization in Addendum P Required u Image: Type of Expenditure (Itemization in Addendum P Required u Image: Type of Expenditure (Itemization in Addendum P Required u Image: Type of Expenditure (Itemization in Addendum P Required u Image: Type of Expenditure (Itemization in Addendum P Required u Image: Type of Expenditure (Itemization in Addendum P Required u Image: Type of Expenditure (Itemization in Addendum P Required u Image: Type of Expenditure (Itemization in Addendum P Required u Image: Type of Expenditure (Itemization in Addendum P Required u Image: Type of Expenditure (Itemization in Addendum P Required u Image: Type of Expenditure (Itemization in Addendum P Required u) Image: Type of Expenditure (Itemization in Addendum P Required u) Image: Type of Expenditure (Itemization in Addendum P Required u) Image: Type of Expenditure (Itemization in Addendum P Required u) Image: Type of Expenditure (Itemization in Addendum P Required u) Image: Type of Expenditure (Itemization in Addendum P Required u) Image: Type of Expenditure (Itemization in Addendum P Required u) Image: Type of Expenditure (Itemization in Addendum P Required u) Image: Type of Expenditure (Itemiz	r committee) (re) Indepe	ndent			\$120.00
Name of Payee Joshua Dellaquila				Date of Payment 08/09/2019	Method of Check	# <u>1117</u>
Street Address 2855 Fairfield Ave, a	# 2F	City Bridgeport			State CT	Zip Code 06605-3211
Purpose of Expenditure (by code) CNSLT	Description	• • • • • • • • • • • • • • • • • • • •	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind conditional)	r committee) (re) Indepe	ndent	ked)		\$1,250.00

SUBTOTAL Section P - This Page	\$1,602.50
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

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> Zip Code 06607-1432

\$135.00

\$127.50

NAME OF COMMI		ITURES (Section			Page	124	of]4
Ganim for Bridgep		ng Repository)	100	TYPE OF REPO				
	P Fyren	ises Paid by Com		7th day preced	ing prima	ry		-
Name of Payee	Т.Барен	ises Paid by Com	mittee				-	
Brenda B Young				Date of Payment	Meth	od of Pay heck # 1	/ment	_
Street Address				08/19/2019		ebit Card		
		City			State		ip Code	<u> </u>
1323 Stratford Av Purpose of Expenditure	e, Apt 5	Bridgeport			СТ		6607-1	432
(by code) CNSLT			Eve	ent#		 Am	ount	_
Expenditure #	Type of Expenditure (Itemization in Addendum P Required in	unless "None of the helo						
(if applicable)	does not involve another candidate of	OF COmmittee)		ecked)			\$12	7.
	Coordinated with reimbursement sought (joint expenditu	are) [Indep						
Name of Payee	Coordinated without reimbursement sought (in-kind con	tribution)	nization:		D			
Vonda McKelthan				Date of Payment	Method	1 of Payn	nent	
				08/19/2019		eck # <u>12</u>		_
Street Address		City			_	oit Card		
347 Huntington Rd		Bridgeport			State CT		Code 608~11(าค
Purpose of Expenditure (by code) CNSLT	Description		Even	t#				
Expenditure #	Turne of Event to the second s		[Amo	unt	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or	nless "None of the below	" is chec	ked)	-		\$135	i Or
	Coordinated with reimbursement sought (joint expenditure	e) Indepe	ndent					
	Coordinated without reimbursement sought (in-kind contr	ibution) Organi	zation:		.			
lame of Payee arissa Smith			T	Date of Payment	Method	C Davis		
				08/19/2019	Chec	^k # 125	n 0	
treet Address		City			Debi	Card	EFT	-
77 Sylvan Ave		City Bridgeport			State	Zip C		
urpose of Expenditure y code) CNSLT	Description		Event		СТ	0660	06-3074	ł
						Amou	nt	
applicable)	Type of Expenditure (Itemization in Addendum P Required unlo	ess "None of the below"	is check	ed)	4			
	None of the below (does not involve another candidate or on Coordinated with reimbursement sought (joint expenditure)	ommittee)					\$135.0)0
	Coordinated without reimbursement sought (joint expenditure)	ution) Organiza						
me of Payee								
elisia Boyd				Date of Payment	Method of Check	Payment		_
et Address				08/19/2019	Debit (EFT	
		City			State	Zip Co	-	
5 Trumbull Ave, Appose of Expenditure	Description	Bridgeport			СТ		5-2436	
^{code)} CNSLT			Event #					_
enditure #	Type of Expenditure (Itemization in Addendum P Required unless	- (12)			1	Amount		
oplicable)	to read a the ociow (does not involve another candidate or cor	mmittee))		:	\$142.50)
	Coordinated with reimbursement sought (joint expenditure)	Independe	nt					

\$540.00	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	(Enter total on Line 19, Column A of Summary Page Totals)	OTAL OF ALL EXPENSES PAID BY COMMITTEE (Ente

Coordinated without reimbursement sought (in-kind contribution)

Organization: A B C D

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMI	TTEE (Provide Complete Name as Registered with I	illing Danas's		
Ganim for Bridger	port '19	ming Repository)	TYPE OF R	EPORT
	ID Yo		7th day pre	eceding primary
Name of Payee	P. Exp	enses Paid by Com	mittee	a designed the second
Party City			Date of Payment 07/19/2019	Method of Payment
Street Address		City		Debit Card EFT
2009 Black Rock Purpose of Expenditure	Tpke	Fairfield		State Zip Code CT 06825-355
(by code) OFFICE	Contraction		Event #	Amount
Expenditure # (if applicable) Name of Payee	Type of Expenditure (Itemization in Addendum P Require None of the below (does not involve another candida Coordinated with reimbursement sought (joint expen Coordinated without reimbursement sought (in-kind of	te or committee) diture)		\$154.
Oak Strategies	1917 - 21 - Al - Al		Date of Payment	Method of Payment
Street Address			08/19/2019	Check # 1270
290 Broadway, Ste	132	City Methuen		State Zip Code
Purpose of Expenditure by code) A-OTH	Description	Monden	Event #	MA 01844-6827
xpenditure #				Amount
f applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind coordinated without reimburse	ture)	ndent	\$1,565.0
ame of Payee avid Heard				
57.0H5			Date of Payment 08/19/2019	Method of Payment Check # 1236
reet Address		City	<u> </u>	Debit Card EFT
150 Main St rpose of Expenditure	Description	Bridgeport		StateZip CodeCT06604-3646
code) CNSLT			Event #	Amount
penditure # applicable) ne of Pavee	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Independ		\$157.50
ncy Williams			Date of Payment 08/19/2019	Method of Payment
et Address		City Bridgeport		Debit Card EFT State Zip Code
Union Ave		achour		CT 06607-1822
ose of Expenditure	Description	I	event #	
ose of Expenditure rode) CNSLT	Description Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve	() }	Event #	Amount

	SUBTOTAL Section P - This Page	\$2,034.17
TOTAL OF ALL EXPENSES PAID BY COMMETTER	TOTAL of Section P Pages	\$159,965.53
THE ENDLOYAD BY COMMITTEE	(Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

IV. EXPENDITURES (Sections P-T)

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Ganim for Bridgeport Name of Payee Maritza Velez Street Address 228 Weber St Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Name of Payee		nses Paid by Comm	_	7th day precedin	g primar	У
Maritza Velez Street Address 228 Weber St Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)	Р. Ехре		_			
Maritza Velez Street Address 228 Weber St Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)						
Street Address 228 Weber St Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)				Date of Payment	Merbo	od of Payment
228 Weber St Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)				08/19/2019	√ Ch	neck # 1263
Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)		City				ebit Card EFT
(by code) CNSLT Expenditure # (if applicable)		Stratford			State CT	Zip Code 06614-5234
(if applicable)	Description		Event #		+	Amount
Name of Pavee	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind co	ture)	ndent			\$157.
Staples				Date of Payment	-	
Street Address			1	07/19/2019	Method Che	
1201 Kings Hwy, Ste	2	City Fairfield		<u> </u>	State	Zip Code
Purpose of Expenditure (by code) OFFICE	Description	<u> </u>	Event #		<u> </u>	06824-5319
Expenditure #]	Amount
if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind con	or committee) Ire) Independ	dent			\$161.6
Name of Payee						
rawana Johnson				ate of Payment 3/19/2019	Method o Check	of Payment k # 1249 Card EFT
		City			State	Zip Code
62 Adams St urpose of Expenditure	Description	Bridgeport			СТ	06607-2403
oy code) CNSLT			Event #			Amount
	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr	e)	ent			\$165.00
ame of Payee			Det			
everly Cox				e of Payment 19/2019	Method of Check	# <u>1245</u>
6 E Washington Ave		City Bridgeport	- <u> </u>		State CT	Zip Code 06608-2149
	Description		Event #			
penditure # T					1	Amount
applicable)	ype of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	ommittee)	2E			\$165.00

	SUBTOTAL Section P - This Page	\$649.13
	TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE	(Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

IV. EXPENDITURES (Sections P-T)

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MAND OF COM	
NAME OF COMMITTEE	(Provide Complete Nav

Ganim for Bridgepo	112 (1) orde Complete Name as Registered with Fil	ing Repository)	10	TYPE OF REPOR	Т	- X X
Canin for Dridgept				7th day precedir	ng primar	y
Name of Payee	P. Expe	nses Paid by Comr	nittee			
Kenneth Beasley				Date of Payment 08/19/2019	[∠]Ch	d of Payment eck # 1255 bit Card EFT
157 Eagle St Purpose of Expenditure		City Bridgeport			State CT	Zip Code 06607-1619
(by code) CNSLT	Description		Eve	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co	or committee) ture)	w ⁻ is che endent nization:		_	\$165.00
Name of Payee Tania Whitley Street Address				Date of Payment 08/19/2019	Method	of Payment ck # 1247 it Card EFT
1372 Kossuth St		City Bridgeport			State CT	Zip Code 06608-1135
Purpose of Expenditure (by code) CNSLT	Description	_ <u></u>	Even	.#	+	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind conditional)	or committee) ure) Indepe	ndent			\$165.00
Name of Payee Ralsteeni Hall Street Address				Date of Payment 08/19/2019	Method o	f Payment 4 1219 Card EFT
34 Richardson St		City Bridgeport			State CT	Zip Code 06610-1637
Purpose of Expenditure (by code) CNSLT	Description	·	Event	#		Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	r committee) re) Independ	dent			\$165.00
lame of Payee nez Cosme				Date of Payment 08/19/2019	Method of Check	# 1233
treet Address 213 Reservoir Ave		City Bridgeport			State CT	Zip Code 06606-2927
urpose of Expenditure y code) CNSLT	Description		Event #			Amount
spenditure # [applicable]	Type of Expenditure (Itemization in Addendum P Required unity) Image: State of the below (does not involve another candidate or of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	committee)) Independe	ent			\$165.00

	SUBTOTAL Section P - This Page	\$660.00
	TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE ((Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

IV. EXPENDITURES (Sections P-T)

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Ganim for Bridgepo	TEE (Provide Complete Name as Registered with File	ing Repository)		TYPE OF REPOR	T	
our in the bildgept				7th day precedi	ng primar	у
Name of Payee	P. Expe	nses Paid by Com	nittee		25-5-15	
Staples			Da 07			d of Payment leck #
Street Address				De	bit Card EFT	
1201 Kings Hwy, S Purpose of Expenditure		City Fairfield			State CT	Zip Code 06824-5319
(by code) OFFICE	Description		Eve	ent #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another candidate Image: State of the below (does not involve another canother candidate	ture)				\$1,705.6
Name of Payee				Date of Payment	Method	of Payment
				08/19/2019	Che	^{ck} # 1216
Street Address 85 Birch Dr		City Stratford			State CT	Zip Code 06615-7432
Purpose of Expenditure (by code) CNSLT	Description		Ever	nt #		Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	or committee) ure) Indepe	ndent			\$180.00
Name of Payee Latefiah T Moore				Date of Payment	Method o	of Payment
				08/19/2019	Checi	^{k #} 1215
Street Address		City Bridgeport			State	Zip Code 06604-3512
Purpose of Expenditure by code) CNSLT	Description	L.,,,,	Event	#	<u> </u>	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	dent			\$180.00
ame of Payee George Johnson			T	Date of Payment	Method of	Payment
reet Address				08/19/2019	Check	# 1211
36 Saint Stephens I	Rd, Bldg 10 #208	City Bridgeport			State CT	Zip Code 06605-2854
rpose of Expenditure y code) CNSLT	Description		Event #	¥	 	Amount
penditure # applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) ;) Independ	lent			\$180.00

	SUBTOTAL Section P - This Page	\$2,245.62
	TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE	(Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMIT		ling Repository)	1. 2.	TYPE OF REPOR	<u>т</u>	
Ganim for Bridgep	ort '19		1.0	7th day precedi		
	P. Expe	enses Paid by Com	nittee	1	ig prindig	
Name of Payee Walmart			I	Date of Payment 08/19/2019		of Payment xck # pit Card EFT
Street Address		City			State	Zip Code
465 Bridgeport Av Purpose of Expenditure		Shelton			СТ	06484-4751
(by code) FOOD	Description		Event #		1	Amount
Expenditure # (if applicable) Name of Payee	Type of Expenditure (Itemization in Addendum P Require None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or	e or committee) iture) Indep	w" is checked) wendent nization:		D	\$181,3
Testo's Pizzeria			Da	ate of Payment	Method	of Payment
			08	3/09/2019	Chec	k#
Street Address 1023 Brooklawn Av	/e	City Fairfield		<u> </u>	State CT	Zip Code 06825-1812
Purpose of Expenditure (by code) FOOD	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	or committee) ure) Indepe	adent	□ ^B □ C □ D		\$181.97
Name of Payee			 Dat	e of Payment		
Gloria Brown				/19/2019	Method of Check	# <u>12</u> 30
Street Address 285 Hollister Ave		City Bridgeport		·	State	Zip Code 06607-1925
Purpose of Expenditure by code) CNSLT	Description	I	Event #	<u> </u>		Amount
xpenditure # [f applicable]	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	dent	BCD		\$210.00
ame of Payee there Askew				of Payment 19/2019	Method of I	1232
rreet Address 73 Reservoir Ave		City Bridgeport			State	Zip Code 06606-2918
rpose of Expenditure y code) CNSLT	Description		Event #			mount
penditure # applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee)) Independe	ent	B []c []p		\$210.00

	SUBTOTAL Section P - This Page	\$783.31
	TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE	(Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTEE	/ D.

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-	EE (Provide Complete Name as Registered with Filing	g Repository)		TYPE OF REPORT		
Ganim for Bridgepor	t '19			7th day preceding	primary	
	P. Expens	es Paid by Comm	ittee	and the second se	10 2 200	
Name of Payee Damaris Gomez				Date of Payment 08/19/2019	Chec	of Payment ck # 1206 it Card EFT
Street Address 203 Main St		City Bridgeport		<u> </u>	State CT	Zip Code 06604-5708
Purpose of Expenditure (by code) CNSLT	Description		Ever	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)		cked)		\$217.50
Name of Payee Nina Thomas				Date of Payment 08/19/2019	Method o Check	of Payment k # 1256 Card EFT
Street Address PO Box 344		City Bridgeport			State CT	Zip Code 06601-0344
Purpose of Expenditure (by code) CNSLT	Description		Even	ı#	1	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e)	ndent			\$217.50
Name of Payee Brenda Gill				Date of Payment 08/19/2019	Method of Check	# 1252
Street Address 206 Black Rock Ave		City Bridgeport		<u> </u>	State CT	Zip Code 06605-1237
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) ;) Indepen	ndent			\$217.50
Name of Payee Rashien Leak				Date of Payment 08/19/2019	Method of Check	# 1220
Street Address 112 Clinton Ave		City Bridgeport			State CT	Zip Code 06605-1732
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	xommittee)	dent	ed)		\$217.50

SUBTOTAL Section P - This Page	\$870.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing	g Repository)		TYPE OF REPORT	5 10 1211	
Ganim for Bridgepor	t '19			7th day preceding	primary	
	P. Expens	ses Paid by Comm	ittee			
Name of Payee Nyesha Crump				Date of Payment 08/19/2019	Method c	of Payment k # 1218 CardEFT
Street Address 741 William St		City Bridgeport		·,	State CT	Zip Code 06608-1014
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind condition)	r committee) (re) Indepe	endent			\$225.00
Name of Payee George Jordan				Date of Payment 08/19/2019	Method of Check	# 1212
Street Address 66 Poplar St, # 1		City Bridgeport		<u>-</u>	State CT	Zip Code 06605-1973
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Event	#	 	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent			\$240.00
Name of Payee Sonia Jefferson				Date of Payment 08/19/2019	Method of	# 1223
Street Address 730 Palisade Ave, A	pt C5	City Bridgeport		- 14	State CT	Zip Code 06610-3445
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind contr	committee) e) Indepen	ndent			\$255.00
Name of Payee Tamara Gill				Date of Payment 08/19/2019	Method of F	1268
Street Address 206 Virginia Ave		City Bridgeport			State CT	Zip Code 06610-1545
Purpose of Expenditure (by code) CNSLT	Description		Event #	y	A	mount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unity) None of the below (does not involve another candidate or or condinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	committee)	dent			\$262.00

SUBTOTAL Section P - This Page	\$982.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filin,	g Repository)	TYPE OF REPORT	
Ganim for Bridgepor	t'19		7th day precedin	
	P. Expens	ses Paid by Comm		5
Name of Payee Apple iTunes			Date of Payment 07/29/2019	Method of Payment Check #
Street Address 767 5th Ave		City New York	l	State Zip Code NY 10153-0023
Purpose of Expenditure (by code) WEB	Description	<u> </u>	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required it Image: State of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditution) Coordinated with reimbursement sought (in-kind control of the below)	ure)	ndent	\$27.2
Name of Payee McKaela Askew	82 82		Date of Payment 08/19/2019	Method of Payment Check # 1231 Debit Card EFT
Street Address 973 Reservoir Ave		City Bridgeport		State Zip Code CT 06606-2918
Purpose of Expenditure (by code) CNSLT	Description	<u> </u>	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditution) Coordinated without reimbursement sought (in-kind control)	r committee) re) Indeper	ident	\$270.00
Name of Payee Carolyn B Nah			Date of Payment 08/19/2019	Method of Payment Check # 1229 Debit Card EFT
Street Address 44 Lewis St		City Bridgeport		State Zip Code CT 06605-1224
Purpose of Expenditure (by code) CNSLT	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	r committee) re) Indepen		\$270.00
Name of Payee Testo's Pizzeria			Date of Payment 07/29/2019	Method of Payment Check #
Street Address		City Fairfield		State Zip Code CT 06825-1812
Purpose of Expenditure (by code) FOOD	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) e) Independ		\$295.65

\$862.91	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

SEEC FORM 20

of 147

\$300.00

\$307.50

Revised January 2015	IV. EXPEND	TURES (Section	ns P-T)		Page 1	33 of 147
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filin,	g Repository)		TYPE OF REPO	RT	
Ganim for Bridgeport	'19			7th day preced		v
	P. Expens	ses Paid by Comm	ittee			
Name of Payee Leighton O Reynold	\$			Date of Payment 08/19/2019	√ Che	d of Payment eck # 1217 bit Card EFT
Street Address		City	I		State	Zip Code
104 Bancroft Ave		Bridgeport			СТ	06604-1901
Purpose of Expenditure (by code) CNSLT	Description	·	Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to a construction of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind construction)	or committee) ure) Indepe	endent]0	\$300.0
Name of Payee				Date of Payment		of Payment
Shellay Ebron				07/29/2019		ck # <u>1037</u> it CardEFT
Street Address		City			State	Zip Code
603 Wood Ave		Bridgeport			СТ	06604-2455
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) (re) Indepe	endent	d)]ABC]D	\$307.50
Name of Payee				Date of Payment	Method	of Payment
Alveta Taylor				07/29/2019		ck # 1038
Street Address		City			State	Zip Code
511 Pembroke St	· · · · · · · · · · · · · · · · · · ·	Bridgeport			СТ	06608-2606
Purpose of Expenditure (by code) CNSLT	Description		Event #	<u> </u>		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contri	r committee) re) Indeper	ndent)A []B []C []	D	\$307.50
Name of Payee				Date of Payment	Method c	of Payment
Willene W Gibson				08/19/2019	Check	
Street Address		City			State	Zip Code
355 Carroll Ave	Development	Bridgeport			СТ	06607-1815
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)	committee))		\$315.00

SUBTOTAL Section P - This Page	\$1,230.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

Coordinated without reimbursement sought (in-kind contribution)

Organization: A B C D

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IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	119			7th day preceding	primary	
	P. Expens	es Paid by Comm	ittee			
Name of Payee Staples				Date of Payment 07/19/2019	Method Chec Debi	
Street Address 1201 Kings Hwy, St		City Fairfield		<u> </u>	State CT	Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe				\$32.48
Name of Payee Emonnie Pettway	<u> </u>			Date of Payment 08/19/2019	Method o Check Debit	
Street Address 60 Yaremich Dr		City Bridgeport			State CT	Zip Code 06606-2586
Purpose of Expenditure (by code) CNSLT	Description		Even	.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra-	e)	ndent	ked)		\$367.50
Name of Payee Denise Arrington				Date of Payment 08/19/2019	Method of Check	# 1207
Street Address 980 Lindley St, Unit 3	304	City Bridgeport		<u> </u>	State CT	Zip Code 06606-4757
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) e)	dent			\$367.50
Name of Payce Enaisja Upchurch				Date of Payment 08/19/2019	Method of Check	# <u>1210</u>
Street Address 980 Lindley St		City Bridgeport			State CT	Zip Code 06606-4700
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri) Independ	dent			\$367.50

SUBTOTAL Section P - This Page	\$1,134.98
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965,53

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IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing	g Repository)		TYPE OF REPORT		
Ganim for Bridgepor	t'19			7th day preceding	primary	
	P. Expens	ses Paid by Comm	ittee			
Name of Payee Catrenna Peyton				Date of Payment 08/19/2019		of Payment ** # 1254 t CardEFT
Street Address 253 East Ave		City Bridgeport			State CT	Zip Code 06610-2962
Purpose of Expenditure (by code) CNSLT	Description		Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind conditions)	or committee) are)				\$37.50
Name of Payee Yahan Lefevre				Date of Payment 08/19/2019	Method o Check	
Street Address 404 Shelton St	T	City Bridgeport			State CT	Zip Code 06608-1634
Purpose of Expenditure (by code) CNSLT	Description		Event	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent			\$37.50
Name of Payee Trumbull Mobil 9010			-	Date of Payment 08/19/2019	Method of Check	#
Street Address 2775 Nichols Ave		City Trumbull			State CT	Zip Code 06611-5322
Purpose of Expenditure (by code) TRVL	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e) Indepen	ident			\$375.00
Name of Payee UPS				Date of Payment 08/29/2019	Method of Check	#
Street Address 1345 Barnum Avenue		City Bridgeport			State CT	Zip Code 06610-2802
Purpose of Expenditure (by code) OFFICE	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) e) Independent	dent	ed)		\$4.05

\$454.05	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	- 0	TYPE OF REPORT		
Ganim for Bridgeport	'19			7th day preceding	primary	
	P. Expens	es Paid by Commi	ttee		1.3-13-12	
Name of Payee Mario D'Addario Bui	ck GMC			Date of Payment 07/19/2019	Method o	
Street Address 329 Bridgeport Ave		City Shelton		•	State CT	Zip Code 06484-3860
Purpose of Expenditure (by code) OVHD	Description	Event #		<u> </u>	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) (re)	ident			\$401.30
Name of Payee Alveta Taylor		_		Date of Payment 08/19/2019	Method of Check	# 1205
Street Address 511 Pembroke St		City Bridgeport			State CT	Zip Code 06608-2606
Purpose of Expenditure (by code) CNSLT	Description		Event	.#	<u> </u>	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re)	dent			\$435.00
Name of Payee Shellay Ebron				Date of Payment 08/19/2019	Method of Check	# <u>1221</u>
Street Address 603 Wood Ave		City Bridgeport			State CT	Zip Code 06604-2455
Purpose of Expenditure (by code) CNSLT	Description		Event	*		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) e)	dent			\$435.00
Name of Payee Hazel Johnson		<u> </u>		Date of Payment 08/19/2019	Method of I	1253
Street Address 1314 Stratford Ave, F	12	City Bridgeport		<u></u>	State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description		Event		1	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un Vone of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr	committee)	lent	ed)		\$45.00

\$1,316.30	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	'19			7th day preceding	primary	
	P. Expens	es Paid by Commi	ttee		108 8	12 W
Name of Payee Cynthia Jackson				Date of Payment 08/19/2019	Method o Check	
Street Address 303 Judson P!		City Bridgeport			State CT	Zip Code 06610-2918
Purpose of Expenditure (by code) CNSLT	Description		Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	r committee) re)	ndent			\$45.00
Name of Payee Stephanie A. Hardiso	on			Date of Payment 08/19/2019	Method of Check	# 1246
Street Address 260 Success Ave, Aj	pt 14	City Bridgeport			State CT	Zip Code 06610-2426
Purpose of Expenditure (by code) CNSLT	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) (Indeper	ident			\$45.00
Name of Payee Stephanie A. Hardisc	n			Date of Payment 08/19/2019	Method of Check	# 1267
Street Address 260 Success Ave, Ap	ot 14	City Bridgeport			State CT	Zip Code 06610-2426
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e)	dent	ked)		\$45.00
Name of Payee Avis Samuel				Date of Payment 08/19/2019	Method of I	[#] 1269
Street Address		City Bridgeport			State CT	Zip Code 06604-2638
66 Chestnut St Purpose of Expenditure (by code) CNSLT	Description		Event	#	<u> </u>	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un Vone of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr	committee) e) Independent	dent			\$45.00

\$180.00	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	'19			7th day preceding	primary	
	P. Expens	es Paid by Commi	ttee	C		
Name of Payee Althea Currie				Date of Payment 08/19/2019		of Payment k # 1258 cardEFT
Street Address 980 Lindley St, Unit	102	City Bridgeport		<u> </u>	State CT	Zip Code 06606-4754
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cond	r committee) re) Indeper	ident	ked) □A□B□C□D		\$45.00
Name of Payee Tina Johnson				Date of Payment 08/19/2019	Method of Check	# 1243
Street Address 1567 Boston Ave		City Bridgeport			State CT	Zip Code 06610-2638
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditue Coordinated without reimbursement sought (in-kind cont	re)	dent	ked)		\$45.00
Name of Payee Canva				Date of Payment 08/09/2019	Method of Check	#
Street Address 2/2 Lacey Street		City Santa Clara			State CA	Zip Code 95050
Purpose of Expenditure (by code) WEB	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee) e) Independ	lent			\$49.93
Name of Payee Staples				Date of Payment 07/19/2019	Method of I Check #	#
Street Address 1201 Kings Hwy, Ste	2	City Fairfield			State CT	Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	Description		Event #	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee)	ent			\$5.44

\$145.37	SUBTOTAL Section P - This Page	
\$159,965.53	TOTAL of Section P Pages	
\$159,965.53	(Enter total on Line 19, Column A of Summary Page Totals)	TOTAL OF ALL EXPENSES PAID BY COMMITTEE

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Ganim for Bridgeport	ridgeport '19 7th day preceding pr		primary			
	P. Expens	es Paid by Commi	ttee			NE NERVENIE
Name of Payee Coleen Le Pere				Date of Payment 08/19/2019	Method of Check	* # 1271
Street Address 373 Union Ave		City West Haven		· · · · · · · · · · · · · · · · · · ·	State CT	Zip Code 06516-3751
Purpose of Expenditure (by code) CNSLT	Description		Even	n #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	cked)		\$500.00
Name of Payee Emma B Lawton				Date of Payment 08/09/2019	Method of Check	<u>* 1118</u>
Street Address 52 Dogwood Ln		City Trumbull			State CT	Zip Code 06611-5050
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ident	.ked)		\$500.00
Name of Payee Emma B Lawton				Date of Payment 07/19/2019	Method of Check	# <u>1</u> 030
Street Address 52 Dogwood Ln		City Trumbull			State CT	Zip Code 06611-5050
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un Vone of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee) e) Indepen	dent	ked)		\$500.00
Name of Payee				Date of Payment	Method of	
Ecaius Booth				08/19/2019	Check #	
Street Address 1165 Stratford Rd, U	nit 203	City Stratford			State CT	Zip Code 06615-7644
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (<i>liemization in Addendum P Required un</i> None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr.	committee) e) Independent	dent			\$60.00

\$1,560.00	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			NE		
Ganim for Bridgeport	idgeport '19 7th day preceding pri		primary	• •		
	P. Expense	es Paid by Commi	ttee		3.711	
Name of Payee Oak Strategies				Date of Payment 08/19/2019	Method of Check	# 1225
Street Address 290 Broadway, Ste 1	32	City Methuen			State MA	Zip Code 01844-6827
Purpose of Expenditure (by code) A-OTH	Description		Even	<i>t #</i>		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re)	ndent	©ked) ▲ □ B □ C □ D		\$6,166.50
Name of Payee James Jefferson				Date of Payment 08/19/2019	Method of Check	# 1234
Street Address 320 East Ave		City Bridgeport			State CT	Zip Code 06610-2904
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required up None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	re)	dent	ked)		\$67.50
Name of Payee Charlene Draper				Date of Payment 08/19/2019	Method of Check	# 1260
Street Address 1388 Stratford Ave		City Bridgeport			State CT	Zip Code 06607-1418
Purpose of Expenditure (by code) CNSLT	Description		Event	:#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not involve another candidate or Image: State of the below (does not invol	committee) e) Indepen	dent	ked)		\$75.00
Name of Payee Stones Phones				Date of Payment 08/19/2019	Method of Check	<u>* 1235</u>
Street Address 41750 Rancho Las P	almas Dr. Suite F-3	City Rancho Mirage	I		State CA	Zip Code 92270-5511
Purpose of Expenditure (by code) A-PH-BNK	Description		Event	#	I	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind contr	committee) e) Independent	dent	ked)		\$8,087.35

SUBTOTAL Section P - This Page	\$14,396.35
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$159,965.53

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	20 N	TYPE OF REPORT		
Ganim for Bridgeport	'19			7th day preceding	primary	
	P. Expens	es Paid by Commi	ttee			
Name of Payce Richard Bush				Date of Payment 08/19/2019	Method of Check	# 1226
Street Address 44 Horace St		City Bridgeport		• • • • • • • • •	State CT	Zip Code 06610-2040
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	cked)		\$90.00
Name of Payee Michelle Lindsay				Date of Payment 08/19/2019	Method of Check	<u># 1241</u>
Street Address 331 Maple St		City Bridgeport			State CT	Zip Code 06608-1922
Purpose of Expenditure (by code) CNSLT	Description		Even	¢#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expendituu Coordinated without reimbursement sought (in-kind cont	re)	ident	□A □B □C □D		\$90.00
Name of Payee Kecia Walls				Date of Payment 08/19/2019	Method of Check	# <u>1239</u>
Street Address 178 Davenport St		City Bridgeport			State CT	Zip Code 06607-2009
Purpose of Expenditure (by code) CNSLT	Description		Event	: #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	committee) re) Indepen	dent	ked)		\$97.50
Name of Payee Christie Markis	· · · · · · · · · · · · · · · · · · ·	с.н.		Date of Payment 08/19/2019	Method of I	1242
Street Address 178 Davenport St		City Bridgeport			State CT	Zip Code 06607-2009
Purpose of Expenditure (by code) CNSLT	Description		Event	#]	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) e) Indepen	dent	ked)	-	\$97.50

\$375.00	SUBTOTAL Section P - This Page
\$159,965.53	TOTAL of Section P Pages
\$159,965.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Ganim for Bridgeport '19				7th day preceding primary				
	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consult	ants		
Last Name of Worker/Const Dellaquila	ultant	First Joshua			мі	Date of Payment to Vendor, Person or Entity 07/30/2019		
Name of Vendor, Person or Grocery Village	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section F xk # 1042		Worker/Consultant
Street Address 1050 Brooklawn Ave			City Bridgeport				State CT	Zip Code 06604-1290
Purpose of Expenditure (by code) FOOD	Description		r	Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sough	ther candidate of (joint expenditu	r committee) re) Indeper	ndent	В]с []р		\$10.00
Last Name of Worker/Const Ford	iltant	First Ralph			мі R	Date of Payn 08/10/2		or, Person or Entity
Name of Vendor, Person or Wireless Wizard	Entity Paid by Committee Worker/Consultant				as repoi	it to Reimburse rted in Section P xk # 1277	· ·	Vorker/Consultant
Street Address 1905 Boston Ave			City Bridgeport				State CT	Zip Code 06610-2623
Purpose of Expenditure (by code) OVHD	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendi None of the below (does not involve and Coordinated with reimbursement sought Coordinated without reimbursement sough	ther candidate or (joint expenditur	re)	ndent	_в[CD		\$159.99
Last Name of Worker/Consu Dellaquila	ltant	First Joshua			MI	Date of Payn 07/30/2		or, Person or Entity
Name of Vendor, Person or The Azteca Bakery L	Entity Paid by Committee Worker/Consultant				as repor	t to Reimburse ted in Section P ck # 1042		/orker/Consultant
Street Address 2744 Fairfield Ave			City Bridgeport				State CT	Zip Code 06605-3059
Purpose of Expenditure (by code) FOOD	Description			Event #			1	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendi None of the below (does not involve anot Coordinated with reimbursement sought Coordinated without reimbursement sought	her candidate or (joint expenditur	e)		□в []c []p		\$23.75

\$193.74	SUBTOTAL Section T - This Page
\$1,640.08	TOTAL of Section T Pages
\$1,640.08	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Ganim for Bridgeport '19 7			7th day preceding prima ry					
	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consult	lants		1.23 X 1. 72. N
Last Name of Worker/Const Dellaquila	ultant	First Joshua			MI	Date of Pays 07/30/		for, Person or Entity
Name of Vendor, Person or Krausze('s Food Stor	Entity Paid by Committee Worker/Consultant e				as repo	nt to Reimburse rted in Section I eck # 1042	<u> </u>	Worker/Consultant
Street Address 2579 Fairfield Ave		· · · · · · · · · · · · · · · · · · ·	City Bridgeport				State CT	Zip Code 06605-3038
Purpose of Expenditure (by code) FOOD	Description		,	Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate or (joint expenditur	re)	ndent	В	□c □p	• •	\$31.52
Last Name of Worker/Consu Dellaquila	iltant	First Joshua			MI	Date of Payr 07/30/		or, Person or Entity
Name of Vendor, Person or The Azteca Bakery L	Entity Paid by Committee Worker/Consultant LC				as repor	nt to Reimburse rted in Section F ck # 1042		Worker/Consultant
Street Address 2744 Fairfield Ave			City Bridgeport				State CT	Zip Code 06605-3059
Purpose of Expenditure (by code) FOOD	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sough	ther candidate or (joint expenditur	re)	ndent	_в[_c _p		\$35.00
Last Name of Worker/Consu Dellaquila	iltant	First Joshua			мі	Date of Payn 07/31/2		or, Person or Entity
Name of Vendor, Person or BJ's Whole Sale War	Entity Paid by Committee Worker/Consultant ehouse				as repor	t to Reimburse ted in Section P ck # 1042	<u>. </u>	Vorker/Consultant
Street Address			City Fairfield				State CT	Zip Code 06825-5507
40 Black Rock Tpke Purpose of Expenditure (by code) FOOD	Description	1		Event #			I	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addended) None of the below (does not involve anot Coordinated with reimbursement sough Coordinated without reimbursement souge	her candidate or (joint expenditur	committee) e) Indepen	ident	В []c []b		\$115.44

SUBTOTAL Section T - This Page	\$181.96
TOTAL of Section T Pages	\$1,640.08
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$1,640.08

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Ganim for Bridgeport '19			7th day preceding prima ry					
	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consult	ants		
Last Name of Worker/Const Dellaquila	ultant	First Joshua			МІ	Date of Payr 07/31/		lor, Person or Entity
Name of Vendor, Person or BJ's Whole Sale War	Entity Paid by Committee Worker/Consultant rehouse				as repor	it to Reimburse rted in Section F xk # 1042	÷ :	Worker/Consultant
Street Address 40 Black Rock Tpke			City Fairfield				State CT	Zip Code 06825-5507
Purpose of Expenditure (by code) FOOD	Description	•		Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate of (joint expenditu	re)	ndent	_в (CD		\$204.07
Last Name of Worker/Const Dellaquila	altant	First Joshua			МІ	Date of Payn 07/31/2		or, Person or Entity
Name of Vendor, Person or Staples	Entity Paid by Committee Worker/Consultant				as repor	t to Reimburse ted in Section P ck # 1042	;	Vorker/Consultant
Street Address	_		City Fairfield				State CT	Zip Code 06824-5319
1201 Kings Hwy, Ste Purpose of Expenditure (by code) OFFICE	Z Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendi None of the below (does not involve and Coordinated with reimbursement sough Coordinated without reimbursement sough	ther candidate or (joint expenditur	re)		□в [D		\$269.30
Last Name of Worker/Consu Ford	iltant	First Ralph			мі R	Date of Payn 08/02/2		or, Person or Entity
Name of Vendor, Person or I Home Depot	Entity Paid by Committee Worker/Consultant				as repor	t to Reimburse ted in Section P ck # 1277		orker/Consultant
Street Address 656 Reservoir Ave			City Bridgeport				State CT	Zip Code 06606-3981
Purpose of Expenditure (by code) OVHD	Description			Event #			1	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendi None of the below (does not involve anot Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate or (joint expenditur	committee) e) Indepen	ident	в]с 🔲 р		\$16.61

\$489.98	SUBTOTAL Section T - This Page
\$1,640.08	TOTAL of Section T Pages
\$1,640.08	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing	Repository)		TYPE	OF REPORT		
Ganim for Bridgeport '19			7th day preceding primary					
1 XIII I WI W WX3	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consul	tants		
Last Name of Worker/Const Ford	ultant	First Ralph			мі R	Date of Pays 08/02/		ndor, Person or Entity
Name of Vendor, Person or Home Depot	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse rted in Section I eck # 1048	»:	e Worker/Consultant Debit Card EFT
Street Address			City				State	Zip Code
350 Barnum Avenue	Cutoff		Stratford				СТ	06614-5113
Purpose of Expenditure (by code) OVHD	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate of (joint expenditu	r committee) re)	ndent	В	D		\$488.15
Last Name of Worker/Const Ford	altant	First Ralph			мі R	Date of Payr 08/14/		ndor, Person or Entity
Name of Vendor, Person or Family Dollar	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse rted in Section F xk # 1277		e Worker/Consultant
Street Address	• • •		City				State	Zip Code
310 Boston Ave			Stratford				СТ	06614-5213
Purpose of Expenditure (by code) OFFICE	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendi None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sough	ther candidate or (joint expenditu	re)	ident	В	_c _p		\$11.17
Last Name of Worker/Consu	lltant	First			MI	Date of Payn	nent to Ver	dor, Person or Entity
Ford		Ralph			R	08/14/2	2019	
Name of Vendor, Person or BJS	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section P rck # 1277	:	Worker/Consultant
Street Address	••••		City				State	Zip Code
955 Ferry Blvd			Stratford				СТ	06614-6094
Purpose of Expenditure (by code) FOOD	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (<i>ltemization in Addendu</i> None of the below (does not involve anot Coordinated with reimbursement sought Coordinated without reimbursement soug	her candidate or joint expenditur	e)	dent	В (]c []b		\$44.96

\$544.28	SUBTOTAL Section T - This Page
\$1,640.08	TOTAL of Section T Pages
\$1,640.08	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF R				OF REPORT	RT				
Ganim for Bridgeport '19				7th day preceding primary					
M. MIL MIL M. NO	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consul	tants			
Last Name of Worker/Cons Ford	ultant	First Ralph			мі R	Date of Payr 08/14/	ment to Ven 2019	dor, Person	or Entity
Name of Vendor, Person or Dollar Tree Stores, Ir	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse rted in Section F eck # 1277	P:	Worker/Cor	EFT
Street Address			City				State	Zip Code	
955 Ferry Blvd, Ste 5	5		Stratford				СТ	06614-	6094
Purpose of Expenditure (by code) OFFICE	Description			Event #				Amount	<u>.</u>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addenda None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate or (joint expenditu	r committee) re)	ndent	В	□c □p			\$7.44
Last Name of Worker/Const Ford	ultant	First Ralph			мі R	Date of Payn 08/05/2		lor, Person o	or Entity
Name of Vendor, Person or Walmart	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse rted in Section P eck # 1277		Worker/Con	sultant EFT
Street Address			City Stratford				State CT	Zip Code	
150 Barnum Avenue	Cutoff		Silations					06614-	5111
Purpose of Expenditure (by code) OFFICE	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendit None of the below (does not involve anot Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate or (joint expenditur	r committee) re)	ident	В	_c _p		:	\$79.45
Last Name of Worker/Consu	iltant	First			МІ	Date of Payn		lor, Person c	r Entity
Ford		Ralph			R	08/06/2	2019		
Name of Vendor, Person or Family Dollar	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse (rted in Section P ck # 1277	÷	Worker/Con:	sultant]EFT
Street Address			City				State	Zip Code	
310 Boston Ave			Stratford				СТ	06614-	5213
Purpose of Expenditure (by code) OFFICE	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendu Image: Constraint of the below (does not involve and the below (does not involve	her candidate or (joint expenditur	e)	ident	_в (D		\$	\$28.06

\$114.95	SUBTOTAL Section T - This Page
\$1,640.08	TOTAL of Section T Pages
\$1,640.08	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	E (Provide Complete Name as Register	red with Filing	Repository)		TYPE	OF REPORT		
				7th day preceding primary				
Design The Constant	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consul	tants		
Last Name of Worker/Cons Ford	ultant	First Ralph			мі R	Date of Pay 08/07/		for, Person or Entity
Name of Vendor, Person or Home Depot	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse orted in Section 1 eck # 1277	P:	Worker/Consultant
Street Address			City				State	Zip Code
350 Barnum Avenue	Cutoff		Stratford				СТ	06614-5113
Purpose of Expenditure (by code) OVHD	Description	1	• • • • • •	Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate o (joint expenditu	r committee) re)	ndent	В	_c _p		\$9.32
Last Name of Worker/Const Ford	ultant	First Ralph			мі R	Date of Payr 08/08/2		or, Person or Entity
Name of Vendor, Person or BJS	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse rted in Section F eck # 1277	· _	Vorker/Consultant
Street Address			City				State	Zip Code
955 Ferry Blvd			Stratford				СТ	06614-6094
Purpose of Expenditure (by code) OFFICE	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendi None of the below (does not involve and Coordinated with reimbursement sough Coordinated without reimbursement sough	ther candidate of (joint expenditu	r committee) re) Indeper	adent	В]c []Þ		\$15.78
Last Name of Worker/Const	iltant	First			MI			or, Person or Entity
Ford		Ralph			R	08/09/2	2019	
Name of Vendor, Person or Benman Industries	Entity Paid by Committee Worker/Consultant				as repor	t to Reimburse of ted in Section P ck # 1277		/orker/Consultant
Street Address			City				State	Zip Code
1870 E Main St			Bridgeport				СТ	06610-2038
Purpose of Expenditure (by code) OFFICE	Description			Event #			1	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendu None of the below (does not involve anot Coordinated with reimbursement sought (Coordinated without reimbursement sough	her candidate or joint expenditur	committee) e) Indepen	dent	В (]cb		\$90.07

\$115.17	SUBTOTAL Section T - This Page
\$1,640.08	TOTAL of Section T Pages
\$1,640.08	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS