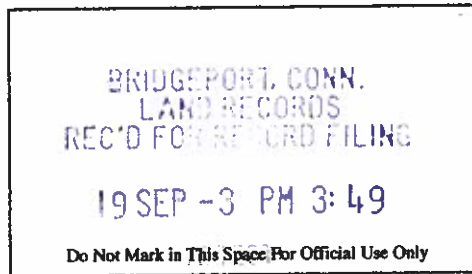


SEEC FORM 20

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



COVER PAGE

Charles D. Clemons Jr.
CHARLES D. CLEMONS JR.
TOWNSHIP CLERK

1. NAME OF COMMITTEE			
Ganim for Bridgeport '19			
2. TREASURER NAME			
First	MI	Last	Suffix
Emma		Lawton	
3. TREASURER ADDRESS			
Street Address	City		State Zip Code
52 Dogwood Lane	Trumbull		CT 06611
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER
(mm/dd/yyyy)	Mayor		(if applicable) 0
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
Joseph	P.	Ganim	
8. TYPE OF REPORT (Check One Box)			
<input type="checkbox"/> January 10 filing	<input checked="" type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination	_____
<input type="checkbox"/> 24 Hour Independent Expenditure	<input type="checkbox"/> 45 days following election not held in November		
<input type="checkbox"/> Primary	<input type="checkbox"/> Election		
9. PERIOD COVERED			
Beginning Date		Ending Date	
07/01/2019		thru 09/01/2019	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
		Emma Lawton	09/03/2019
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

Page 2 of 147

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	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$238,270.36	
13. Contributions received from Individuals (Section A and B)	\$14,900.00	\$310,175.00
14. Receipts from Other Committees (Sections C1 and C2)	\$1,000.00	\$14,850.00
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for lines 13-16c)	\$15,900.00	\$325,025.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$254,170.36	\$325,025.00
19. Expenditures Paid by Committee (Section P)	\$159,965.53	\$232,799.07
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$94,204.83	\$92,225.93
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions -- House Party (Section L5)	\$0.00	\$0.00
23. In-kind Contributions Received (Section M)	\$404.00	\$754.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport '19				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Kane		First Cynthia		M.I.	
Residential Street Address 9 Bayberry Ln		City Shelton		State CT	Zip Code 06484-3772
Principal Occupation Paralegal		Name of Employer City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/21/2019	Aggregate contributions \$100.00		
Last Name Prezioso		First Eileen		M.I.	
Residential Street Address 100 Parrott Dr, Unit 501		City Shelton		State CT	Zip Code 06484-4787
Principal Occupation Mgr		Name of Employer Vanzano's Four Seasons			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 052319a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 07/01/2019	Aggregate contributions \$1,500.00		
Last Name Comisky		First Kurt		M.I.	
Residential Street Address 62 Wopowog Rd		City East Hampton		State CT	Zip Code 06424-1674
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/11/2019	Aggregate contributions \$500.00		

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport '19				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Passaretti		First Jennifer		M.I.	
Residential Street Address 5 Lincoln Dr		City Wallingford		State CT	Zip Code 06492-5117
Principal Occupation Laboratory Manager/Professor		Name of Employer University of New Haven			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/21/2019	Aggregate contributions \$1,000.00		
Last Name Mobilio		First Vincent		M.I. J	
Residential Street Address 1920 Madison Ave		City Bridgeport		State CT	Zip Code 06606-4058
Principal Occupation Economic Develop.		Name of Employer City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2019	Aggregate contributions \$400.00		
Last Name Lambert		First Bonnie		M.I.	
Residential Street Address 46 Ferry Ct		City Stratford		State CT	Zip Code 06615-6061
Principal Occupation Administrator		Name of Employer City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2019	Aggregate contributions \$300.00		

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$14,900.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$14,900.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport '19				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name Piccirillo		First Jay		M.I.	
Residential Street Address 712 Madison Ave		City Bridgeport		State CT	Zip Code 06606-5511
Principal Occupation Owner		Name of Employer Micilizzi's			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2019			
				Aggregate contributions \$100.00	
Last Name Adams		First Shannon		M.I.	
Residential Street Address 2 Blake Dr		City Fairfield		State CT	Zip Code 06824-5602
Principal Occupation EVP Business Development		Name of Employer Trinity Promotions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2019			
				Aggregate contributions \$600.00	
Last Name Krasznoi		First Charles		M.I.	
Residential Street Address 1015 Lakeside Dr		City Bridgeport		State CT	Zip Code 06606-1953
Principal Occupation Engineer		Name of Employer Krasznoi			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2019			
				Aggregate contributions \$950.00	

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport '19				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Eaton		First Stephen		M.I.	
Residential Street Address 331 Griffin Ave		City Bridgeport		State CT	Zip Code 06606-2428
Principal Occupation Developer		Name of Employer Eaton Enterprises LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2019	Aggregate contributions \$100.00		
Last Name Paoletto		First Richard		M.I.	
Residential Street Address 321 Lynne Pl		City Bridgeport		State CT	Zip Code 06610-1233
Principal Occupation Inspector		Name of Employer City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2019	Aggregate contributions \$200.00		
Last Name Aurilio		First James		M.I.	
Residential Street Address 97 Northwood Dr		City Easton		State CT	Zip Code 06612-1351
Principal Occupation Owner		Name of Employer Jim's Auto Body			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2019	Aggregate contributions \$850.00		

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport '19				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Auerbach		Steven			
Residential Street Address		City		State	Zip Code
151 Kennedy Dr		Bridgeport		CT	06606-5917
Principal Occupation			Name of Employer		
Director of Meters & Parking			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:				Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				08/22/2019	\$550.00
Last Name		First		M.I.	
Tomasso		William			
Residential Street Address		City		State	Zip Code
111 Kent Rd		New Britain		CT	06052-1919
Principal Occupation			Name of Employer		
Executive			TBI Construction		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:				Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				08/22/2019	\$1,000.00
Last Name		First		M.I.	
Meyer		Betsey			
Residential Street Address		City		State	Zip Code
39 Woodbine Cir		Bridgeport		CT	06606-1931
Principal Occupation			Name of Employer		
Retired			Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:				Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				08/22/2019	\$300.00

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT		
Ganim for Bridgeport '19				7th day preceding primary		
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A		
				\$0.00		
B. Itemized Contributions from Individuals						
Last Name		First		M.I.		
Febbraio		Thomas				
Residential Street Address		City		State	Zip Code	
2 Minard Dr		Westport		CT	06880-6421	
Principal Occupation		Name of Employer				
Real Estate		Coldwell Banker Commercial - Febbraio Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$200.00		
Method of contribution:		Date Received	Aggregate contributions			
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/22/2019	\$300.00			
Last Name		First		M.I.		
Meyer		Ursula				
Residential Street Address		City		State	Zip Code	
753 Lakeside Dr		Bridgeport		CT	06606-1950	
Principal Occupation		Name of Employer				
Business Manager		National Personnel Corp				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$200.00		
Method of contribution:		Date Received	Aggregate contributions			
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/22/2019	\$804.00			
Last Name		First		M.I.		
Scinto		Dennis				
Residential Street Address		City		State	Zip Code	
2641 Madison Ave		Bridgeport		CT	06606-2632	
Principal Occupation		Name of Employer				
Housing Code		City of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$250.00		
Method of contribution:		Date Received	Aggregate contributions			
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/22/2019	\$950.00			

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport '19				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Gill		First Nancy		M.I.	
Residential Street Address 244 Sailors Ln		City Bridgeport		State CT	Zip Code 06605-3624
Principal Occupation Admin		Name of Employer Northeast Medical Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2019	Aggregate contributions \$500.00		
Last Name Viens		First Charles		M.I.	
Residential Street Address 2 Lilac Ln		City Easton		State CT	Zip Code 06612-2066
Principal Occupation Farmer		Name of Employer Charles Island Oyster Farm			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2019	Aggregate contributions \$250.00		
Last Name Paoletto		First Anthony		M.I.	
Residential Street Address 321 Lynne Pl		City Bridgeport		State CT	Zip Code 06610-1233
Principal Occupation Typist		Name of Employer City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$400.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/22/2019	Aggregate contributions \$500.00		

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport '19				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Malheiro		Ildio			
Residential Street Address		City		State	Zip Code
11 Botsford Pl		Trumbull		CT	06611-4702
Principal Occupation		Name of Employer			
Driver		Information Requested			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/22/2019		\$500.00	
Last Name		First		M.I.	
Zamora		Elizabeth		P	
Residential Street Address		City		State	Zip Code
812 Pacific St		Stamford		CT	06902-7330
Principal Occupation		Name of Employer			
Executive Assistant		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$70.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 082219a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/22/2019		\$70.00	
Last Name		First		M.I.	
Gaston		James			
Residential Street Address		City		State	Zip Code
239 Golden Hill St		Bridgeport		CT	06604-4103
Principal Occupation		Name of Employer			
Attorney		Law Offices of James O. Gaston			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		07/23/2019		\$500.00	

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

I. MONETARY RECEIPTS (Sections A-K)

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 ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Edwards		Lance			
Residential Street Address		City		State	Zip Code
30 Congress St		Bridgeport		CT	06604-4005
Principal Occupation			Name of Employer		
Deputy Fire Chief			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 081519a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:				Date Received	Aggregate contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				08/15/2019	\$100.00
Last Name		First		M.I.	
Auerbach		Steven			
Residential Street Address		City		State	Zip Code
151 Kennedy Dr		Bridgeport		CT	06606-5917
Principal Occupation			Name of Employer		
Director of Meters & Parking			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 081519a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:				Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				08/15/2019	\$550.00
Last Name		First		M.I.	
Rolfe		Ronald		J	
Residential Street Address		City		State	Zip Code
67 Homestead Ave		Bridgeport		CT	06605-3445
Principal Occupation			Name of Employer		
Deputy Fire Chief			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 081519a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:				Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				08/15/2019	\$100.00

SUBTOTAL Section B - This Page	\$300.00
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)	\$14,900.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT			
Ganim for Bridgeport '19				7th day preceding primary			
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A		\$0.00	
B. Itemized Contributions from Individuals							
Last Name Baraja			First James			M.I. P	
Residential Street Address 300 Congress St			City Bridgeport		State CT	Zip Code 06604-4065	
Principal Occupation Deputy Police Chief			Name of Employer City of Bridgeport				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 08/15/2019		Aggregate contributions \$100.00		
Last Name Barros			First Joao			M.I.	
Residential Street Address 591 Wilmot Ave			City Bridgeport		State CT	Zip Code 06607-1108	
Principal Occupation Baker			Name of Employer Chaves Bakery				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 08/15/2019		Aggregate contributions \$100.00		
Last Name Casanova			First Luiz			M.I.	
Residential Street Address 12 Queach Rd			City North Branford		State CT	Zip Code 06471-1255	
Principal Occupation Law enforcement			Name of Employer City of New Haven				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 08/15/2019		Aggregate contributions \$100.00		

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport '19				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Paris		First Charles		M.I.	
Residential Street Address 13 Barry Rd		City Shelton		State CT	Zip Code 06484-2615
Principal Occupation Police Officer		Name of Employer City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019		Aggregate contributions \$100.00	
Last Name White		First Rowena		M.I.	
Residential Street Address 2675 Park Ave, 7		City Bridgeport		State CT	Zip Code 06604-1358
Principal Occupation communications director		Name of Employer city of bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019		Aggregate contributions \$500.00	
Last Name Feliz		First Diomedes		M.I. Y	
Residential Street Address 281 Ridgefield Ave		City Bridgeport		State CT	Zip Code 06610-2814
Principal Occupation Barber		Name of Employer Evolution Barber Shop			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019		Aggregate contributions \$800.00	

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

I. MONETARY RECEIPTS (Sections A-K)

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 ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Soares		First Eugenio	
Residential Street Address 193 Cornfield Rd		City Milford	State CT
Principal Occupation Information Requested		Name of Employer Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 081519a	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$100.00
Last Name Cabral		First Jose	
Residential Street Address 130 Harral Ave		City Bridgeport	State CT
Principal Occupation Machine Operator		Name of Employer Talalay Global	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 081519a	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$100.00
Last Name Salgado		First Fredy	
Residential Street Address 575 Ellsworth St, 1B		City Bridgeport	State CT
Principal Occupation Information Requested		Name of Employer Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 081519a	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$100.00

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport '19				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Rodriguez		Jehu			
Residential Street Address		City		State	Zip Code
4355 Main St		Bridgeport		CT	06606-2308
Principal Occupation			Name of Employer		
Owner			Merritt Canteen		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			08/15/2019	\$100.00	
Last Name		First		M.I.	
Benson		B. Oyiboka			
Residential Street Address		City		State	Zip Code
285 Laurel Ave, P. O. Box 38563		Bridgeport		CT	06605-1102
Principal Occupation			Name of Employer		
Benefits Administrator			Park City Communities		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			08/15/2019	\$600.00	
Last Name		First		M.I.	
Vermont		Carolyn			
Residential Street Address		City		State	Zip Code
90 Dodd Ave		Bridgeport		CT	06606-3029
Principal Occupation			Name of Employer		
Community Liaison			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			08/15/2019	\$350.00	

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport '19				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Ahnaf		First Zaman		M.I.	
Residential Street Address 436 Rubber Ave		City Naugatuck		State CT	Zip Code 06770-3716
Principal Occupation Owner		Name of Employer Spark City Smoke & Vape			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 081519a		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019			
				Aggregate contributions \$100.00	
Last Name Gecewicz		First Thomas		M.I.	
Residential Street Address 3900 Park Ave, Unit 7E		City Bridgeport		State CT	Zip Code 06604-1032
Principal Occupation Health Officer/Program Manager		Name of Employer City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 081519a		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019			
				Aggregate contributions \$700.00	
Last Name Thode		First Richard		M.I. E	
Residential Street Address 30 Congress St		City Bridgeport		State CT	Zip Code 06604-4005
Principal Occupation Fire Chief		Name of Employer City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 081519a		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019			
				Aggregate contributions \$750.00	

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport '19				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Silva		First Pedro		M.I. J	
Residential Street Address 2006 North Ave		City Bridgeport		State CT	Zip Code 06604-2428
Principal Occupation Accounting		Name of Employer City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$100.00		
Last Name Ford		First Ralph		M.I. R	
Residential Street Address 410 Mill Hill Ave		City Bridgeport		State CT	Zip Code 06610-2813
Principal Occupation Psychologist		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$100.00		
Last Name Cruz		First Maria		M.I. L	
Residential Street Address 683 Brooks St		City Bridgeport		State CT	Zip Code 06608-1215
Principal Occupation Food & Nutritional Coordinator		Name of Employer St Vincent's Medical Center			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$100.00		

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport '19				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Agueda		Maria		M	
Residential Street Address		City		State	Zip Code
97A Yaremich Dr		Bridgeport		CT	06606-2580
Principal Occupation		Name of Employer			
Office Specialist		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/15/2019		\$100.00	
Last Name		First		M.I.	
Pelletier		Dan		S	
Residential Street Address		City		State	Zip Code
110 Ellsworth St		Bridgeport		CT	06605-3179
Principal Occupation		Name of Employer			
Information Requested		Information Requested			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/15/2019		\$100.00	
Last Name		First		M.I.	
De los Santos		Doris			
Residential Street Address		City		State	Zip Code
281 Ridgefield Ave		Bridgeport		CT	06610-2814
Principal Occupation		Name of Employer			
Information Requested		Information Requested			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/15/2019		\$100.00	

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport '19				7th day preceding primary	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Clarke-Gravina		Natasha			
Residential Street Address		City		State	Zip Code
31 Doreen Dr		Bridgeport		CT	06604-1002
Principal Occupation Information Requested			Name of Employer Information Requested		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			08/15/2019	\$100.00	
Last Name		First		M.I.	
Polite		Davon			
Residential Street Address		City		State	Zip Code
167 Winfield Dr		Stratford		CT	06615-5638
Principal Occupation			Name of Employer		
Police Officer			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			08/15/2019	\$100.00	
Last Name		First		M.I.	
Cruz		Antonio			
Residential Street Address		City		State	Zip Code
683 Brooks St		Bridgeport		CT	06608-1215
Principal Occupation			Name of Employer		
Custodian			City of Bridgeport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			08/15/2019	\$100.00	

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

I. MONETARY RECEIPTS (Sections A-K)

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 ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Bond		First Mekhai		M.I. L	
Residential Street Address 323 Fairfield Ave, Apt 102		City Bridgeport		State CT	Zip Code 06604-4295
Principal Occupation Student		Name of Employer Student			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$100.00		
Last Name Perdomo Diaz		First Enrique		M.I.	
Residential Street Address 465 Greenwood St		City Bridgeport		State CT	Zip Code 06606-3828
Principal Occupation Barber		Name of Employer Evolution Barbershop			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$100.00		
Last Name Jones		First Terron		M.I.	
Residential Street Address 138 Olive St		City Bridgeport		State CT	Zip Code 06605-1040
Principal Occupation Emergency Management		Name of Employer COB			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$125.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$125.00		

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

I. MONETARY RECEIPTS (Sections A-K)

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 ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name Mobilio		First Vincent		M.I. J	
Residential Street Address 1920 Madison Ave		City Bridgeport		State CT	Zip Code 06606-4058
Principal Occupation Economic Develop.		Name of Employer City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$400.00		
Last Name Feliz		First Diomedes		M.I. Y	
Residential Street Address 281 Ridgefield Ave		City Bridgeport		State CT	Zip Code 06610-2814
Principal Occupation Barber		Name of Employer Evolution Barber Shop			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$800.00		
Last Name Carpenter		First Jennifer		M.I. S	
Residential Street Address 12 Beacon View Dr		City Fairfield		State CT	Zip Code 06825-3703
Principal Occupation Deputy Chief of Staff		Name of Employer Town of Fairfield			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$200.00		

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

I. MONETARY RECEIPTS (Sections A-K)

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 ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name Hailey		First Esther	M.I. M
Residential Street Address 434 Colorado Ave		City Bridgeport	State CT
		Zip Code 06605-1705	
Principal Occupation Information Requested		Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 081519a	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$25.00	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$25.00
Last Name Appleby		First Scott	M.I. t
Residential Street Address 93 Knorr Rd		City Monroe	State CT
		Zip Code 06468-3114	
Principal Occupation Director OEMHS		Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 081519a	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$250.00	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$850.00
Last Name Denton		First Curtis	M.I. J
Residential Street Address 955 Main St, Apt 808		City Bridgeport	State CT
		Zip Code 06604-4336	
Principal Occupation GIS		Name of Employer Bridgeport COB	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 081519a	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$250.00	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$250.00

SUBTOTAL Section B - This Page	\$525.00
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)	\$14,900.00

I. MONETARY RECEIPTS (Sections A-K)

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 ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Rodriguez		Claribel			
Residential Street Address		City		State	Zip Code
439 Church Hill Rd		Trumbull		CT	06611-3837
Principal Occupation		Name of Employer			
Insurance Agent		Moran Agency			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/15/2019		\$250.00	
Last Name		First		M.I.	
Esteves		Carlos			
Residential Street Address		City		State	Zip Code
1 Woody Crst		West Haven		CT	06516-7245
Principal Occupation		Name of Employer			
Owner		C's Masonry LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/15/2019		\$250.00	
Last Name		First		M.I.	
DeJesus		Isolina			
Residential Street Address		City		State	Zip Code
33 Court A, # 129		Bridgeport		CT	06610-3352
Principal Occupation		Name of Employer			
Management		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/15/2019		\$1,000.00	

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Ganim for Bridgeport '19	TYPE OF REPORT 7th day preceding primary
---	---

A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)	Subtotal Section A \$0.00
---	----------------------------------

B. Itemized Contributions from Individuals

Last Name Gonzalez	First Barbara	M.I.
------------------------------	-------------------------	------

Residential Street Address 114 Intervale Rd	City Bridgeport	State CT	Zip Code 06610-1014
---	---------------------------	--------------------	-------------------------------

Principal Occupation Principle	Name of Employer Beyond Homecare
--	--

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
--	---	-------------------------------

Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$250.00
--	--	-----------------

Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 08/15/2019	Aggregate contributions \$750.00
--	------------------------------------	--

Last Name Roxo	First Jose	M.I. P
--------------------------	----------------------	------------------

Residential Street Address 28 Canfield Dr	City Shelton	State CT	Zip Code 06484-5765
---	------------------------	--------------------	-------------------------------

Principal Occupation Owner	Name of Employer Roxo Construction
--------------------------------------	--

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
--	---	-------------------------------

Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 082219a</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$250.00
--	--	-----------------

Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 08/25/2019	Aggregate contributions \$250.00
--	------------------------------------	--

Last Name Monteiro	First Mario	M.I.
------------------------------	-----------------------	------

Residential Street Address 654 Atlantic St	City Bridgeport	State CT	Zip Code 06604-5312
--	---------------------------	--------------------	-------------------------------

Principal Occupation Plater Supervisor	Name of Employer Superior Plating
--	---

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
--	---	-------------------------------

Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$250.00
--	--	-----------------

Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 08/15/2019	Aggregate contributions \$250.00
--	------------------------------------	--

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

I. MONETARY RECEIPTS (Sections A-K)

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 ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Scinto		First Dennis M.I.	
Residential Street Address 2641 Madison Ave		City Bridgeport	
State CT		Zip Code 06606-2632	
Principal Occupation Housing Code		Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081519a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$950.00
Last Name Nembhard		First Jerol M.I.	
Residential Street Address 321 River Rd, # 1		City Shelton	
State CT		Zip Code 06484-4422	
Principal Occupation Information Requested		Name of Employer City of Bridgeport Police Department	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081519a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$30.00
Last Name Valle		First Maria M.I.	
Residential Street Address 561 Brooks St		City Bridgeport	
State CT		Zip Code 06608-1302	
Principal Occupation Senior Aide		Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081519a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$175.00

SUBTOTAL Section B - This Page	\$330.00
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)	\$14,900.00

I. MONETARY RECEIPTS (Sections A-K)

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 ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name Perez		First Angel M.I.	
Residential Street Address 2566-2568 Main St		City Bridgeport	
		State CT	Zip Code 06606
Principal Occupation Barber		Name of Employer Yohel feliz	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 081519a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$50.00
Last Name Urena		First Tatiana M.I.	
Residential Street Address 108 Stillman St, Apt 2L		City Bridgeport	
		State CT	Zip Code 06608-1543
Principal Occupation Information Requested		Name of Employer Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 081519a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$50.00
Last Name DosSantos		First Arlindo M.I.	
Residential Street Address 167 Taft Ave		City Bridgeport	
		State CT	Zip Code 06606-5527
Principal Occupation Police		Name of Employer City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 081519a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$50.00

SUBTOTAL Section B - This Page	\$150.00
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)	\$14,900.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT
Ganim for Bridgeport '19		7th day preceding primary
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A
		\$0.00

B. Itemized Contributions from Individuals

Last Name Gale		First John		M.I.
-------------------	--	---------------	--	------

Residential Street Address 34 Summit Ridge Rd		City Shelton	State CT	Zip Code 06484-2014
--	--	-----------------	-------------	------------------------

Principal Occupation Police Lieutenant		Name of Employer Bridgeport Police Dept		
---	--	--	--	--

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00
---	--	--	--	--

Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
---	--	---	--

Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$500.00
--	--	-----------------------------	-------------------------------------

Last Name Brathwaite		First Lee		M.I.
-------------------------	--	--------------	--	------

Residential Street Address 51 E 125th St, Fl 3		City New York	State NY	Zip Code 10035-1603
---	--	------------------	-------------	------------------------

Principal Occupation Executive		Name of Employer Apex Building Group		
-----------------------------------	--	---	--	--

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00
---	--	--	--	--

Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
---	--	---	--

Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/15/2019	Aggregate contributions \$1,000.00
--	--	-----------------------------	---------------------------------------

Last Name Roach		First Bonnie		M.I. B
--------------------	--	-----------------	--	-----------

Residential Street Address 19 Quinlan Ave		City Bridgeport	State CT	Zip Code 06605-3527
--	--	--------------------	-------------	------------------------

Principal Occupation Senior Coordinator		Name of Employer City of Bridgeport		
--	--	--	--	--

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
---	--	--	--	--

Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 081519a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
---	--	---	--

Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/16/2019	Aggregate contributions \$200.00
--	--	-----------------------------	-------------------------------------

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

I. MONETARY RECEIPTS (Sections A-K)

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 ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Kadi		Issam			
Residential Street Address		City		State	Zip Code
1062 Church Hill Rd		Fairfield		CT	06825-1323
Principal Occupation		Name of Employer			
supervisor		cob			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 081519a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/16/2019		\$700.00	
Last Name		First		M.I.	
DiLuca		Silvia			
Residential Street Address		City		State	Zip Code
1415 Wood Ave		Bridgeport		CT	06604-1426
Principal Occupation		Name of Employer			
Aging Department Coordinator		City of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 081519a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/16/2019		\$50.00	
Last Name		First		M.I.	
McQuade		David			
Residential Street Address		City		State	Zip Code
20 Whitney Ferguson Rd, Unit 13		Vernon		CT	06066-5054
Principal Occupation		Name of Employer			
Consultant		Murtha Cullina LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 082219a		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/19/2019		\$100.00	

SUBTOTAL Section B - This Page	\$250.00
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)	\$14,900.00

I. MONETARY RECEIPTS (Sections A-K)

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 ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Martin		Angela			
Residential Street Address		City		State	Zip Code
77 E Andrews Dr NW, 3318		Atlanta		GA	30305-1370
Principal Occupation		Name of Employer			
Sales		AT&T			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			07/09/2019	\$100.00	
Last Name		First		M.I.	
Keyes		John		A	
Residential Street Address		City		State	Zip Code
63 Marvel Rd		New Haven		CT	06515-2117
Principal Occupation		Name of Employer			
Information Requested		Information Requested			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # 052319a		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			07/19/2019	\$500.00	

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>					TYPE OF REPORT	
Ganim for Bridgeport '19					7th day preceding primary	
C1. Contributions from Other Committees						
Name of Committee IUOE Local 478 Policial A				Name of Treasurer Craig Metz		
Address 1965 Dixwell Ave			Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
			If yes, list Event # <u>052319a</u>			
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 <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ganim for Bridgeport '19	7th day preceding primary
Summary of Other Monetary Receipts (Sections D-K)	
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

Total of Other Monetary Receipts (Add Sections D through K) *(Enter total on Line 15, Column A of Summary Page Totals)*

\$0.00

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport '19			7th day preceding primary	
L1. Event Information				
Event #	Description		Was this a fundraising event?	
Date of Event	Letter		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
05/23/2019	a	Dinner Event		
Location: Street Address		City	State	Zip Code
350 Fairfield Avenue		Bridgeport	CT	06604
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No 		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="checkbox"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No 		

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)	\$0.00

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganirn for Bridgeport '19			7th day preceding primary	
L1. Event Information				
Event #	Date of Event	Letter	Description	Was this a fundraising event?
	08/15/2019	a	Cocktail Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address			City	State
1279 North Avenue			Bridgeport	CT
			Zip Code	06604
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="checkbox"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?			<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No <input style="width: 100px; height: 20px;" type="text"/>	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="checkbox"/> No	
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?			<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No <input style="width: 100px; height: 20px;" type="text"/>	

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)	\$0.00

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ganim for Bridgeport '19			7th day preceding primary		
L1. Event Information					
Event #	Description				Was this a fundraising event?
Date of Event	Letter				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
08/22/2019	a	Cocktail Event			
Location: Street Address		City	State	Zip Code	
753 Lakeside Avenue		Bridgeport	CT	06606	
Subpart 1: (All Committees)					
Was this event hosted at a personal residence?			<input checked="" type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No <input style="width: 100px; height: 20px;" type="text"/>		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> No		
Subpart 3: (Town Committees ONLY)					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No <input style="width: 100px; height: 20px;" type="text"/>		

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)	\$0.00

III. NONMONETARY RECEIPTS (Sections M-O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ganim for Bridgeport '19				7th day preceding primary	
M. In-Kind Contributions					
Name Ursula Meyer					
Street Address 753 Lakeside Dr			City Bridgeport		State CT
			Zip Code 06606-1950		
Type of Contributor:	<input type="checkbox"/> Committee	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
<input checked="" type="checkbox"/> Individual / Sole Proprietorship	<input type="checkbox"/> Other	08/22/2019	\$804.00	Food for Fundraiser	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Fair Market Value of this Contribution \$404.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 082219a	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			

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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Stop & Shop		Date of Payment 08/20/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1160 Kings Highway Cutoff		City Fairfield	State CT	Zip Code 06824-5271
Purpose of Expenditure (by code) OFFICE	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$102.07
Name of Payee Google Ads		Date of Payment 08/30/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 76 9th Ave		City New York	State NY	Zip Code 10011-4962
Purpose of Expenditure (by code) A-WEB	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$103.74
Name of Payee Joshua Dellaquila		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1353 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$1,250.00
Name of Payee Stop & Shop		Date of Payment 08/20/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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 primary	
P. Expenses Paid by Committee				
Name of Payee Mirella Villacres		Date of Payment 08/20/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1272 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Garfield Ave		City Bridgeport	State CT	Zip Code 06606-5267
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$145.00	
Name of Payee Downtown Cafe		Date of Payment 07/30/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$15.00	
Name of Payee Sonia Belardo		Date of Payment 07/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1015 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 730 Palisade Ave, Apt 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$150.00	
Name of Payee 211 State Street, LLC		Date of Payment 08/20/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1275 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$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)

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 USPS - Bridgeport		Date of Payment 08/20/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 120 Middle St		City Bridgeport	State CT	Zip Code 06602-9998
Purpose of Expenditure (by code) POST	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$24.95	
Name of Payee Dunkin Donuts		Date of Payment 08/30/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$25.98	
Name of Payee Testo's Pizzeria		Date of Payment 08/20/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$285.80	
Name of Payee Vazzy's Brick Oven		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1022 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 513 Broadbridge Rd		City Bridgeport	State CT	Zip Code 06610-1240
Purpose of Expenditure (by code) FNDR	Description Food	Event # 082219a	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Marlin Strategies, LLC		Date of Payment 08/20/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1274 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6813 Buttermere Ln		City Bethesda	State MD	Zip Code 20817-1529
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$3,000.00	
Name of Payee Alex Dobert		Date of Payment 07/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1044 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4225 43rd St NW		City Washington	State DC	Zip Code 20016-2411
Purpose of Expenditure (by code) WEB	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$3,500.00	
Name of Payee Larissa Smith		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1352 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$45.00	
Name of Payee Evolution Sports Bar & Lounge		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1020 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1279 North Ave		City Bridgeport	State CT	Zip Code 06604-2717
Purpose of Expenditure (by code) FNDR	Description Food	Event # 081519a	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$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 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 Voice Broadcast		Date of Payment 07/30/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) A-ATM		Description	Event #	Amount
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$575.00
Name of Payee Rosa's Florist LLC		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1021 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3622 Main St		City Bridgeport	State CT	Zip Code 06606-3605
Purpose of Expenditure (by code) FNDR		Description Balloons	Event # 082219a	Amount
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00
Name of Payee David Heard		Date of Payment 08/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1352 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00
Name of Payee Stop & Shop		Date of Payment 08/20/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

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 primary	
P. Expenses Paid by Committee			
Name of Payee Staples		Date of Payment 08/30/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$889.30
Name of Payee Lynne Myers		Date of Payment 07/30/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1043 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 259 Laurel Ave		City Bridgeport	State CT Zip Code 06605-1102
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$97.50
Name of Payee Cynthia Jackson		Date of Payment 08/21/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1279 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$105.00
Name of Payee Robert Anderson		Date of Payment 08/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1344 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Vanessa Hernandez		Date of Payment 08/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1361 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 334 Dayton Rd		City Bridgeport	State CT	Zip Code 06606-3112
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$135.00
Name of Payee Testo's Pizzeria		Date of Payment 08/01/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$142.90
Name of Payee Jaheen Gomez		Date of Payment 08/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1358 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 389 Catherine St		City Bridgeport	State CT	Zip Code 06604-3229
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$15.00
Name of Payee Jaheen Gomez		Date of Payment 08/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1362 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 389 Catherine St		City Bridgeport	State CT	Zip Code 06604-3229
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$15.00

SUBTOTAL Section P - This Page	\$307.90
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 primary	
P. Expenses Paid by Committee			
Name of Payee Executive Office Services		Date of Payment 07/11/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1027 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2085 Madison Ave		City Bridgeport	State CT Zip Code 06606-3234
Purpose of Expenditure (by code) A-OTH	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$159.53
Name of Payee Bagel King of Bridgeport		Date of Payment 07/31/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 276 Fairfield Ave		City Bridgeport	State CT Zip Code 06604-4208
Purpose of Expenditure (by code) FOOD	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$170.34
Name of Payee Momentum Communications		Date of Payment 07/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1045 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 22 Hopewell Woods Rd		City Redding	State CT Zip Code 06896-1725
Purpose of Expenditure (by code) A-WEB	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$2,000.00
Name of Payee BJ's Whole Sale Warehouse		Date of Payment 07/01/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 40 Black Rock Tpke		City Fairfield	State CT Zip Code 06825-5507
Purpose of Expenditure (by code) MISC	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$210.86

SUBTOTAL Section P - This Page	\$2,540.73
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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Harland Clarke		Date of Payment 08/21/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15955 La Cantera Pkwy		City San Antonio	State TX	Zip Code 78256-2589
Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$268.92
Name of Payee Arleen Pagan		Date of Payment 08/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1359 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$30.00
Name of Payee Marie Hernandez		Date of Payment 08/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1356 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$367.50
Name of Payee Maria I Hernandez		Date of Payment 08/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1355 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 201 Arctic St		City Bridgeport	State CT	Zip Code 06608-1829
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$412.50

SUBTOTAL Section P - This Page	\$1,078.92
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 <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Ganim for Bridgeport '19			7th day preceding primary		
P. Expenses Paid by Committee					
Name of Payee Ralph R Ford		Date of Payment 08/21/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1277 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 410 Mill Hill Ave		City Bridgeport	State CT	Zip Code 06610-2813	
Purpose of Expenditure (by code) RMB	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$462.85	
Name of Payee Mirella Villacres		Date of Payment 08/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1360 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 90 Garfield Ave		City Bridgeport	State CT	Zip Code 06606-5267	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$472.50	
Name of Payee Executive Office Services		Date of Payment 08/01/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1039 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 2085 Madison Ave		City Bridgeport	State CT	Zip Code 06606-3234	
Purpose of Expenditure (by code) A-OTH	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$478.58	
Name of Payee Joshua Dellaquila		Date of Payment 07/31/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 2855 Fairfield Ave, # 2F		City Bridgeport	State CT	Zip Code 06605-3211	
Purpose of Expenditure (by code) RMB	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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 <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$159,965.53

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport '19			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Michelle Jackson		Date of Payment 08/21/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1278 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Ridgefield Ave, Unit 412		City Bridgeport	State CT	Zip Code 06610-3107
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$90.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Alexis Novella		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1123 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 140 Fairfield Ave, Apt 7H		City Bridgeport	State CT	Zip Code 06604-4237
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$105.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Sonia Jefferson		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1142 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 730 Palisade Ave, Apt C5		City Bridgeport	State CT	Zip Code 06610-3445
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$112.50	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Michelle Lindsay		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1070 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 331 Maple St		City Bridgeport	State CT	Zip Code 06608-1922
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$112.50	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$420.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$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 primary	
P. Expenses Paid by Committee				
Name of Payee Michelle Jackson		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1062 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Ridgefield Ave, Unit 412		City Bridgeport	State CT	Zip Code 06610-3107
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$112.50	
Name of Payee Luzina Galberth		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1136 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 156 Norman St		City Bridgeport	State CT	Zip Code 06605-1523
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$112.50	
Name of Payee Jeffrey Stanley		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1131 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$120.00	
Name of Payee John J Smith		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1132 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

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 primary	
P. Expenses Paid by Committee			
Name of Payee Joshua Dellaquila		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1049 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,250.00
Name of Payee Joshua Dellaquila		Date of Payment 07/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1026 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,250.00
Name of Payee Joshua Dellaquila		Date of Payment 07/22/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1029 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,250.00
Name of Payee Naima West		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1080 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 702 Central Ave		City Bridgeport	State CT Zip Code 06607-1701
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$127.50

SUBTOTAL Section P - This Page	\$3,877.50
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)

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 Beronica Gill		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1056 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 702 Bishop Ave		City Bridgeport	State CT	Zip Code 06610-3053
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$127.50
Name of Payee Beverly Cox		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1054 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 E Washington Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$127.50
Name of Payee Nina Thomas		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407574 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 344		City Bridgeport	State CT	Zip Code 06601-0344
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$135.00
Name of Payee Latara Clark		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1134 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 85 Birch Dr		City Stratford	State CT	Zip Code 06615-7432
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$135.00

SUBTOTAL Section P - This Page	\$525.00
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 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 Marie Hernandez		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1149 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 64A Chestnut St		City Bridgeport	State CT	Zip Code 06604-2683
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$135.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee T-Mobile		Date of Payment 08/12/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 265 E Main St		City Bridgeport	State CT	Zip Code 06608-2715
Purpose of Expenditure (by code) OVHD	Description	Event #	Amount \$140.63	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Tramaine Pettway		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1072 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Mead St		City Bridgeport	State CT	Zip Code 06610-2721
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$142.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Rashien Leak		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1139 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Clinton Ave		City Bridgeport	State CT	Zip Code 06605-1732
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$142.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$560.63
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 primary	
P. Expenses Paid by Committee				
Name of Payee Jack Freeman		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407528 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 170 Prince St		City Bridgeport	State CT	Zip Code 06610-2927
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$15.00	
Name of Payee Victor Johnson		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407526 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Washington Ter		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$15.00	
Name of Payee Sonia Belardo		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1122 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 730 Palisade Ave, Apt 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$150.00	
Name of Payee Nancy Bonilla		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1137 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 178 Union Ave		City Bridgeport	State CT	Zip Code 06607-2305
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$150.00	

SUBTOTAL Section P - This Page	\$330.00
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 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 Shwan Davis		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1141 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$150.00	
Name of Payee Ralsteeni Hall		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1138 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Richardson St		City Bridgeport	State CT	Zip Code 06610-1637
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$157.50	
Name of Payee James Jefferson		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1063 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 320 East Ave		City Bridgeport	State CT	Zip Code 06610-2904
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$172.50	
Name of Payee Yahan Lefevre		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1069 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 404 Shelton St		City Bridgeport	State CT	Zip Code 06608-1634
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Maria I Hernandez		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1147 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 201 Arctic St		City Bridgeport	State CT	Zip Code 06608-1829
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$175.00	
Name of Payee George Jordan		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1128 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 66 Poplar St, # 1		City Bridgeport	State CT	Zip Code 06605-1973
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$180.00	
Name of Payee Timiesha Rivera		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1074 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$180.00	
Name of Payee David Heard		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1060 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$180.00	

SUBTOTAL Section P - This Page	\$715.00
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 COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport '19			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Shakeema Gill		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1058 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 702 Bishop Ave		City Bridgeport	State CT	Zip Code 06610-3053
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$180.00	
Name of Payee Tawana Johnson		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1066 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 262 Adams St		City Bridgeport	State CT	Zip Code 06607-2403
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$187.50	
Name of Payee 211 State Street, LLC		Date of Payment 07/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 0094 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 211 State St		City Bridgeport	State CT	Zip Code 06604-4808
Purpose of Expenditure (by code) OVHD	Description Rent	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$2,000.00	
Name of Payee Tania Whitley		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1081 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1372 Kossuth St		City Bridgeport	State CT	Zip Code 06608-1135
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$210.00	

SUBTOTAL Section P - This Page	\$2,577.50
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$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 primary	
P. Expenses Paid by Committee				
Name of Payee Delisia Boyd		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1052 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 465 Trumbull Ave, Apt B		City Bridgeport	State CT	Zip Code 06606-2436
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$210.00	
Name of Payee Inez Cosme		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1053 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1213 Reservoir Ave		City 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$210.00	
Name of Payee Tina Johnson		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$210.00	
Name of Payee Staples		Date of Payment 08/12/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$218.01	

SUBTOTAL Section P - This Page	\$848.01
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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Mirella Villacres		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1145 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Garfield Ave		City Bridgeport	State CT	Zip Code 06606-5267
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$225.00	
Name of Payee Nilsa Heredia		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1146 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 144 St Stephen Rd, Bldg 11 #203		City Bridgeport	State CT	Zip Code 06605
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$225.00	
Name of Payee Brenda Gill		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1057 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$240.00	
Name of Payee Pedro Quintero		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1047 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 36 W Wooster St, Apt 309		City Danbury	State CT	Zip Code 06810-7701
Purpose of Expenditure (by code) MISC	Description Rent	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

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 primary	
P. Expenses Paid by Committee			
Name of Payee Testo's Pizzeria		Date of Payment 08/22/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$285.80
Name of Payee Nilsa Heredia		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1237 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 144 St Stephen Rd, Bldg 11 #203		City Bridgeport	State CT Zip Code 06605
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$30.00
Name of Payee Leighton O Reynolds		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 104 Bancroft Ave		City Bridgeport	State CT Zip Code 06604-1901
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$300.00
Name of Payee Enaisja Upchurch		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1120 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Denise Arrington		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1121 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 980 Lindley St, Unit 304		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$315.00	
Name of Payee Emonnie Pettway		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1119 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Yaremich Dr		City Bridgeport	State CT	Zip Code 06606-2586
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$315.00	
Name of Payee Staples		Date of Payment 08/22/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$318.48	
Name of Payee Staples		Date of Payment 08/22/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Melvin Johnson		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1065 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1314 Stratford Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$37.50	
Name of Payee Beronica Gill		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407527 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 702 Bishop Ave		City Bridgeport	State CT	Zip Code 06610-3053
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$37.50	
Name of Payee Executive Office Services		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1083 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2085 Madison Ave		City Bridgeport	State CT	Zip Code 06606-3234
Purpose of Expenditure (by code) A-OTH	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$398.82	
Name of Payee Stephanie A. Hardison		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407531 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 260 Success Ave, Apt 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00	

SUBTOTAL Section P - This Page	\$518.82
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 primary	
P. Expenses Paid by Committee				
Name of Payee Catrenna Peyton		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1073 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00	
Name of Payee Hazel Johnson		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1064 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1314 Stratford Ave, Fl 2		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00	
Name of Payee Nancy Williams		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407533 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 Union Ave		City Bridgeport	State CT	Zip Code 06607-1822
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00	
Name of Payee Nancy Bonilla		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1261 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 178 Union Ave		City Bridgeport	State CT	Zip Code 06607-2305
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

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 primary	
P. Expenses Paid by Committee			
Name of Payee Charles Tisdale		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1077 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 25 Morgan Ave		City Bridgeport	State CT Zip Code 06606-5519
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00
Name of Payee Jack Freeman		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1055 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 170 Prince St		City Bridgeport	State CT Zip Code 06610-2927
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00
Name of Payee Shellay Ebron		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$450.00
Name of Payee Alveta Taylor		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1124 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$450.00

SUBTOTAL Section P - This Page	\$990.00
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 COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Ganim for Bridgeport '19			7th day preceding primary		
P. Expenses Paid by Committee					
Name of Payee Ralph R Ford		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1048 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 410 Mill Hill Ave		City Bridgeport	State CT	Zip Code 06610-2813	
Purpose of Expenditure (by code) RMB	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$488.15	
Name of Payee Emma B Lawton		Date of Payment 07/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1025 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 52 Dogwood Ln		City Trumbull	State CT	Zip Code 06611-5050	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$500.00	
Name of Payee Emma B Lawton		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1050 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 52 Dogwood Ln		City Trumbull	State CT	Zip Code 06611-5050	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$500.00	
Name of Payee Tommika Leak		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1143 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 354 Iranistan Ave		City Bridgeport	State CT	Zip Code 06604-5840	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$52.50	

SUBTOTAL Section P - This Page	\$1,540.65
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$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 primary	
P. Expenses Paid by Committee				
Name of Payee Latefiah T Moore		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1133 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 68 Highland Ave		City Bridgeport	State CT	Zip Code 06604-3512
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$52.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Catrenna Peyton		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407542 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 253 East Ave		City Bridgeport	State CT	Zip Code 06610-2962
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$52.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Timiesha Rivera		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407540 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 206 Black Rock Ave		City Bridgeport	State CT	Zip Code 06605-1237
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$52.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Yahan Lefevre		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407537 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 404 Shelton St		City Bridgeport	State CT	Zip Code 06608-1634
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$52.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Beverly Cox		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407539 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 E Washington Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$52.50
Name of Payee Tina Johnson		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407536 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$52.50
Name of Payee Troy Clemons		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1144 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 695 Wood Ave		City Bridgeport	State CT	Zip Code 06604-2124
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$52.50
Name of Payee Naima West		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407538 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 702 Central Ave		City Bridgeport	State CT	Zip Code 06607-1701
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

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 primary	
P. Expenses Paid by Committee			
Name of Payee Sharonda Tuck		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407544 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1314 Stratford Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$52.50
Name of Payee Christie Markis		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1071 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$52.50
Name of Payee Testo's Pizzeria		Date of Payment 08/22/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$59.56
Name of Payee Charles Tisdale		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407532 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 25 Morgan Ave		City Bridgeport	State CT Zip Code 06606-5519
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00

SUBTOTAL Section P - This Page	\$224.56
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 primary	
P. Expenses Paid by Committee				
Name of Payee Ecaius Booth		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1126 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1165 Stratford Rd, Unit 203		City Stratford	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	
Name of Payee Larissa Smith		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407551 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	
Name of Payee David Heard		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407530 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	
Name of Payee Kecia Walls		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407548 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	

SUBTOTAL Section P - This Page	\$240.00
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 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 Tania Whitley		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407550 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	
Name of Payee Jazmin Cooper		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1130 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 581 Waterview Ave, Apt 404		City Bridgeport	State CT	Zip Code 06608-2529
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	
Name of Payee Brenda Gill		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407573 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	
Name of Payee Hazel Johnson		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407549 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1314 Stratford Ave, Fl 2		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	

SUBTOTAL Section P - This Page	\$240.00
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 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 James Jefferson		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407529 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 320 East Ave		City Bridgeport	State CT	Zip Code 06610-2904
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	
Name of Payee James Blasius		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1129 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 500 Fairfield Beach Rd, # 40		City Fairfield	State CT	Zip Code 06824-6733
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	
Name of Payee Carl Hinton		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1061 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 170 Wade St		City Bridgeport	State CT	Zip Code 06604-1831
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	
Name of Payee Tommika Leak		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1148 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	

SUBTOTAL Section P - This Page	\$240.00
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 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 Melvin Johnson		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407543 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1314 Stratford Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$67.50
Name of Payee Shakeema Gill		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407541 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 702 Bishop Ave		City Bridgeport	State CT Zip Code 06610-3053
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$67.50
Name of Payee Delisia Boyd		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407545 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 465 Trumbull Ave, Apt B		City Bridgeport	State CT Zip Code 06606-2436
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$75.00
Name of Payee Tawana Johnson		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407552 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$75.00

SUBTOTAL Section P - This Page	\$285.00
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 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 Inez Cosme		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407546 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1213 Reservoir Ave		City 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$75.00
Name of Payee Nina Thomas		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1076 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 344		City Bridgeport	State CT	Zip Code 06601-0344
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$75.00
Name of Payee Staples		Date of Payment 08/02/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$816.68
Name of Payee Victor Johnson		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1068 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Washington Ter		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Stephanie A. Hardison		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1059 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 260 Success Ave, Apt 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$82.50
Name of Payee George Johnson		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1127 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 136 Saint Stephens Rd, Bldg 10 #208		City Bridgeport	State CT	Zip Code 06605-2854
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$90.00
Name of Payee Kenneth Beasley		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407535 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 157 Eagle St		City Bridgeport	State CT	Zip Code 06607-1619
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$90.00
Name of Payee Kecia Walls		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1079 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Nancy Williams		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1082 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 Union Ave		City Bridgeport	State CT	Zip Code 06607-1822
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$97.50
Name of Payee Damaris Gomez		Date of Payment 08/12/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1125 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 203 Main St		City Bridgeport	State CT	Zip Code 06604-5708
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$97.50
Name of Payee Larissa Smith		Date of Payment 08/02/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1075 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$97.50
Name of Payee Mirella Villacres		Date of Payment 08/23/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1286 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Garfield Ave		City Bridgeport	State CT	Zip Code 06606-5267
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$100.00

SUBTOTAL Section P - This Page	\$392.50
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)

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 Joshua Dellaquila		Date of Payment 08/23/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1280 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$1,250.00
Name of Payee Marie Hernandez		Date of Payment 08/23/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1283 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$135.00
Name of Payee Maria I Hernandez		Date of Payment 08/23/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1282 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 201 Arctic St		City Bridgeport	State CT	Zip Code 06608-1829
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$141.00
Name of Payee Carl Hinton		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407576 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 170 Wade St		City Bridgeport	State CT	Zip Code 06604-1831
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$15.00

SUBTOTAL Section P - This Page	\$1,541.00
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 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 Gabriela Koc		Date of Payment 08/23/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1285 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 525 Long Hill Ave		City Shelton	State CT	Zip Code 06484-4263
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$165.00
Name of Payee Staples		Date of Payment 07/03/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$251.64
Name of Payee Staples		Date of Payment 08/03/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$271.12
Name of Payee Ralsteeni Hall		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407577 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Richardson St		City Bridgeport	State CT	Zip Code 06610-1637
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$37.50

SUBTOTAL Section P - This Page	\$725.26
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 primary	
P. Expenses Paid by Committee			
Name of Payee Home Depot		Date of Payment 07/23/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 541 Kings Highway Cutoff		City Fairfield	State CT Zip Code 06824-5305
Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$4.17
Name of Payee Sharonda Tuck		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407570 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1314 Stratford Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00
Name of Payee Victor Johnson		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407561 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 33 Washington Ter		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00
Name of Payee Larissa Smith		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407567 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00

SUBTOTAL Section P - This Page	\$139.17
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 primary	
P. Expenses Paid by Committee				
Name of Payee Shakeema Gill		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407566 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 702 Bishop Ave		City Bridgeport	State CT	Zip Code 06610-3053
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00	
Name of Payee Michelle Lindsay		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407564 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00	
Name of Payee Inez Cosme		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407563 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1213 Reservoir Ave		City 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00	
Name of Payee Melvin Johnson		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407569 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1314 Stratford Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

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 primary	
P. Expenses Paid by Committee			
Name of Payee Kenneth Beasley		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407575 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 157 Eagle St		City Bridgeport	State CT Zip Code 06607-1619
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00
Name of Payee Tania Whitley		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407565 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00
Name of Payee Charles Tisdale		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407568 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 25 Morgan Ave		City Bridgeport	State CT Zip Code 06606-5519
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00
Name of Payee Delisia Boyd		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407562 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 465 Trumbull Ave, Apt B		City Bridgeport	State CT Zip Code 06606-2436
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Coleen Le Pere		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1150 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 373 Union Ave		City West Haven	State CT	Zip Code 06516-3751
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Emma B Lawton		Date of Payment 08/23/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1281 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Dogwood Ln		City Trumbull	State CT	Zip Code 06611-5050
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Hazel Johnson		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407560 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1314 Stratford Ave, Fl 2		City Bridgeport	State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$60.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Timiesha Rivera		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407558 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 206 Black Rock Ave		City Bridgeport	State CT	Zip Code 06605-1237
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$60.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$1,120.00
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 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 Nancy Williams		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407559 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 Union Ave		City Bridgeport	State CT	Zip Code 06607-1822
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	
Name of Payee David Heard		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407556 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	
Name of Payee Kecia Walls		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407557 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00	
Name of Payee Tawana Johnson		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407554 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Ganim for Bridgeport '19			7th day preceding primary		
P. Expenses Paid by Committee					
Name of Payee Brenda Gill		Date of Payment 08/13/2019	Method of Payment <input checked="" type="checkbox"/> Check # 9407555 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
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 <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$67.50	
Name of Payee Testo's Pizzeria		Date of Payment 08/23/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
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 <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$89.90	
Name of Payee Lilia E Figueroa		Date of Payment 08/23/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1284 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 666 Iranistan Ave		City Bridgeport	State CT	Zip Code 06605-1220	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$90.00	
Name of Payee Executive Office Services		Date of Payment 07/24/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1035 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
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 <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$1,015.64	

SUBTOTAL Section P - This Page	\$1,263.04
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$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 primary	
P. Expenses Paid by Committee				
Name of Payee 211 State Street, LLC		Date of Payment 08/04/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1084 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 211 State St		City Bridgeport	State CT	Zip Code 06604-4808
Purpose of Expenditure (by code) MISC	Description Rent	Event #	Amount \$2,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Testo's Pizzeria		Date of Payment 07/24/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1023 Brooklawn Ave		City Fairfield	State CT	Zip Code 06825-1812
Purpose of Expenditure (by code) FOOD	Description	Event #	Amount \$452.40	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Emonnie Pettway		Date of Payment 08/04/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1086 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Yaremich Dr		City Bridgeport	State CT	Zip Code 06606-2586
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$517.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Denise Arrington		Date of Payment 08/04/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1085 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 980 Lindley St, Unit 304		City Bridgeport	State CT	Zip Code 06606-4757
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$517.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Enaisja Upchurch		Date of Payment 08/04/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1087 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$517.50	
Name of Payee Nicole Alekson Photography		Date of Payment 07/24/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1034 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$900.00	
Name of Payee Jahneesha Williams		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1097 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 39 Oak St, Apt B		City Derby	State CT	Zip Code 06418-1756
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$101.25	
Name of Payee Jazmin Cooper		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1099 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 581 Waterview Ave, Apt 404		City Bridgeport	State CT	Zip Code 06608-2529
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$101.25	

SUBTOTAL Section P - This Page	\$1,620.00
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 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 Alexis Novella		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1094 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 140 Fairfield Ave, Apt 7H		City Bridgeport	State CT	Zip Code 06604-4237
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$112.50
Name of Payee Sonia Jefferson		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1112 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 730 Palisade Ave, Apt C5		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$120.00
Name of Payee Latefiah T Moore		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1103 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 68 Highland Ave		City Bridgeport	State CT	Zip Code 06604-3512
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$120.00
Name of Payee Shwan Davis		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1288 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$120.00

SUBTOTAL Section P - This Page	\$472.50
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)

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 Joshua Deliaquila		Date of Payment 07/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1012 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2855 Fairfield Ave, # 2F		City Bridgeport	State CT	Zip Code 06605-3211
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
			\$1,250.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Sonia Belardo		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1089 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 730 Palisade Ave, Apt C11		City Bridgeport	State CT	Zip Code 06610-3470
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
			\$134.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Uniform Proz		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1019 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Woodcrest Ave		City Stratford	State CT	Zip Code 06614-4837
Purpose of Expenditure (by code) MISC	Description T-shirts	Event #	Amount	
			\$1,465.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Troy Clemons		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1114 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 695 Wood Ave		City Bridgeport	State CT	Zip Code 06604-2124
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
			\$15.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport '19			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee John J Smith		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Bittersweet Rd		City Weston	State CT	Zip Code 06883-3001
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$150.00	
Name of Payee David Heard		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1327 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1450 Main St		City Bridgeport	State CT	Zip Code 06604-3646
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$157.50	
Name of Payee Jodi Silva		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1575 Iranistan Ave		City Bridgeport	State CT	Zip Code 06604-2531
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$157.50	
Name of Payee Luzina Galberth		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1106 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 156 Norman St		City Bridgeport	State CT	Zip Code 06605-1523
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$157.50	

SUBTOTAL Section P - This Page	\$622.50
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$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 primary	
P. Expenses Paid by Committee				
Name of Payee Beverly Cox		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1329 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 E Washington Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$172.50
Name of Payee Google GSuite		Date of Payment 08/05/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 76 9th Ave		City New York	State NY	Zip Code 10011-4962
Purpose of Expenditure (by code) WEB	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$18.05
Name of Payee Leighton O Reynolds		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1104 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 104 Bancroft Ave		City Bridgeport	State CT	Zip Code 06604-1901
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$180.00
Name of Payee Brenda Gill		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1139 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$180.00

SUBTOTAL Section P - This Page	\$550.55
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

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 primary	
P. Expenses Paid by Committee			
Name of Payee Jeffrey Stanley		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1100 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$195.00
Name of Payee George Jordan		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1096 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 66 Poplar St, # 1		City Bridgeport	State CT Zip Code 06605-1973
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$195.00
Name of Payee Downtown Cafe		Date of Payment 08/05/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$198.08
Name of Payee Verizon Wireless		Date of Payment 07/15/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1201 Kings Hwy		City Fairfield	State CT Zip Code 06824-5319
Purpose of Expenditure (by code) OVHD	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

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 primary	
P. Expenses Paid by Committee			
Name of Payee Troy Clemons		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1115 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 695 Wood Ave		City Bridgeport	State CT Zip Code 06604-2124
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$22.50
Name of Payee James Blasius		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1098 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 500 Fairfield Beach Rd, # 40		City Fairfield	State CT Zip Code 06824-6733
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$225.00
Name of Payee Michelle Lindsay		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1328 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$225.00
Name of Payee Damaris Gomez		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1094 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 203 Main St		City Bridgeport	State CT Zip Code 06604-5708
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$225.00

SUBTOTAL Section P - This Page	\$697.50
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)

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 Bagel King of Bridgeport		Date of Payment 07/15/2019	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address 276 Fairfield Ave		City Bridgeport	State CT	Zip Code 06604-4208	
Purpose of Expenditure (by code) FOOD	Description	Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$230.77	
Name of Payee Nancy Bonilla		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1107 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 178 Union Ave		City Bridgeport	State CT	Zip Code 06607-2305	
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$236.25	
Name of Payee Ecarius Booth		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1095 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 1165 Stratford Rd, Unit 203		City Stratford	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$240.00	
Name of Payee Tawana Johnson		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1332 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
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 (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$247.50	

SUBTOTAL Section P - This Page	\$954.52
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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Kenneth Beasley		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1334 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 157 Eagle St		City Bridgeport	State CT	Zip Code 06607-1619
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$247.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Nancy Williams		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1333 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 Union Ave		City Bridgeport	State CT	Zip Code 06607-1822
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$255.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Tania Whitley		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1330 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1372 Kossuth St		City Bridgeport	State CT	Zip Code 06608-1135
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$285.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Delisia Boyd		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1295 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 465 Trumbull Ave, Apt B		City Bridgeport	State CT	Zip Code 06606-2436
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$315.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$1,102.50
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)

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 Staples		Date of Payment 07/25/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3 Armstrong Drive		City Shelton	State CT	Zip Code 06484-4706
Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$34.01
Name of Payee Rashien Leak		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1109 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Clinton Ave		City Bridgeport	State CT	Zip Code 06605-1732
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$345.00
Name of Payee Shwan Davis		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1111 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$345.00
Name of Payee Tommika Leak		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1113 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$345.00

SUBTOTAL Section P - This Page \$1,069.01

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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Raisteeni Hall		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1108 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Richardson St		City Bridgeport	State CT	Zip Code 06610-1637
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$352.50	
Name of Payee Staples		Date of Payment 07/25/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3 Armstrong Drive		City Shelton	State CT	Zip Code 06484-4706
Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$362.79	
Name of Payee Enaisja Upchurch		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1291 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$375.00	
Name of Payee Emonnie Pettway		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1289 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Yaremich Dr		City Bridgeport	State CT	Zip Code 06606-2586
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$375.00	

SUBTOTAL Section P - This Page	\$1,465.29
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 primary	
P. Expenses Paid by Committee				
Name of Payee Denise Arrington		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1290 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 980 Lindley St, Unit 304		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$375.00
Name of Payee Inez Cosme		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1297 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1213 Reservoir Ave		City 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$383.50
Name of Payee Nina Thomas		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1338 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 344		City Bridgeport	State CT	Zip Code 06601-0344
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$427.50
Name of Payee Alveta Taylor		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1092 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$435.00

SUBTOTAL Section P - This Page	\$1,621.00
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 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 Shellay Ebron		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1110 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$435.00
Name of Payee Staples		Date of Payment 07/15/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$442.20
Name of Payee Lilia E Figueroa		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1105 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 666 Iranistan Ave		City Bridgeport	State CT	Zip Code 06605-1220
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$45.00
Name of Payee Michelle Pettway		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1336 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$45.00

SUBTOTAL Section P - This Page	\$967.20
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 primary	
P. Expenses Paid by Committee				
Name of Payee Timiesha Rivera		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1331 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$45.00
Name of Payee Bernard Gill		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1337 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1575 Boston Ave		City Bridgeport	State CT	Zip Code 06610-2646
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$45.00
Name of Payee Emma B Lawton		Date of Payment 07/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1013 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$500.00
Name of Payee IUOE Local 478 Policial Action Committee		Date of Payment 07/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1014 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1965 Dixwell Ave		City Hamden	State CT	Zip Code 06514-2407
Purpose of Expenditure (by code) REF	Description Refund	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

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 primary	
P. Expenses Paid by Committee			
Name of Payee Marlin Strategies, LLC		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1018 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 6813 Buttermere Ln		City Bethesda	State MD Zip Code 20817-1529
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$5,000.00
Name of Payee Betty Roberson		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1093 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 353 Iranistan Ave		City Bridgeport	State CT Zip Code 06604-5839
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$52.50
Name of Payee Mirella Villacres		Date of Payment 08/05/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1090 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 90 Garfield Ave		City Bridgeport	State CT Zip Code 06606-5267
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$64.00
Name of Payee Staples		Date of Payment 07/15/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1371 Boston Post Rd		City Milford	State CT Zip Code 06460-2755
Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> 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
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 primary	
P. Expenses Paid by Committee				
Name of Payee Charlene Draper		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1335 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$82.50	
Name of Payee James Jefferson		Date of Payment 08/25/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1326 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 320 East Ave		City Bridgeport	State CT	Zip Code 06610-2904
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$90.00	
Name of Payee T-Mobile		Date of Payment 07/15/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 265 E Main St		City Bridgeport	State CT	Zip Code 06608-2715
Purpose of Expenditure (by code) OVHD	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$90.91	
Name of Payee Executive Office Services		Date of Payment 08/15/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$957.15	

SUBTOTAL Section P - This Page	\$1,220.56
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 primary	
P. Expenses Paid by Committee				
Name of Payee Marie Hernandez		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1152 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$102.00
Name of Payee Nyesha Crump		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1309 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$105.00
Name of Payee Willene W Gibson		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1348 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$105.00
Name of Payee Avis Samuel		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1346 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 66 Chestnut St		City Bridgeport	State CT	Zip Code 06604-2638
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$105.00

SUBTOTAL Section P - This Page	\$417.00
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 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 Sonia Belardo		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1204 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 730 Palisade Ave, Apt 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$105.00
Name of Payee Tamara Gill		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1347 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 206 Virginia Ave		City Bridgeport	State CT	Zip Code 06610-1545
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$105.00
Name of Payee James Jefferson		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1169 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 320 East Ave		City Bridgeport	State CT	Zip Code 06610-2904
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$112.50
Name of Payee Tommika Leak		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1316 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$120.00

SUBTOTAL Section P - This Page	\$442.50
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)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport '19			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Mirella Villacres		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1323 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Garfield Ave		City Bridgeport	State CT	Zip Code 06606-5267
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$120.00	
Name of Payee George Johnson		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1299 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 136 Saint Stephens Rd, Bldg 10 #208		City Bridgeport	State CT	Zip Code 06605-2854
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$120.00	
Name of Payee Joshua Dellaquila		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1153 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2855 Fairfield Ave, # 2F		City Bridgeport	State CT	Zip Code 06605-3211
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,250.00	
Name of Payee Joshua Dellaquila		Date of Payment 07/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1032 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2855 Fairfield Ave, # 2F		City Bridgeport	State CT	Zip Code 06605-3211
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,250.00	

SUBTOTAL Section P - This Page	\$2,740.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$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 primary	
P. Expenses Paid by Committee				
Name of Payee Jose Santiago		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1340 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,275.00	
Name of Payee Andrew Hernandez		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1188 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 880 Hancock Ave		City Bridgeport	State CT	Zip Code 06605-1930
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$135.00	
Name of Payee Richard Bush		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1312 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 44 Horace St		City Bridgeport	State CT	Zip Code 06610-2040
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$135.00	
Name of Payee Tiffany Hedab		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1292 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Trumbull Avenue		City Bridgeport	State CT	Zip Code 06606
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$135.00	

SUBTOTAL Section P - This Page	\$1,680.00
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 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 Shere Askew		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1321 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 973 Reservoir Ave		City Bridgeport	State CT	Zip Code 06606-2918
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$150.00
Name of Payee Leighen Reynolds		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1304 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 104 Bancroft Ave		City Bridgeport	State CT	Zip Code 06604-1901
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$165.00
Name of Payee Maria I Hernandez		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1151 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 201 Arctic St		City Bridgeport	State CT	Zip Code 06608-1829
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$174.50
Name of Payee Gloria Brown		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1319 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 285 Hollister Ave		City Bridgeport	State CT	Zip Code 06607-1925
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$180.00

SUBTOTAL Section P - This Page	\$669.50
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)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Ganim for Bridgeport '19			7th day preceding primary		
P. Expenses Paid by Committee					
Name of Payee Latara Clark		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1302 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 85 Birch Dr		City Stratford	State CT	Zip Code 06615-7432	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$180.00	
Name of Payee Carolyn B Nah		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1318 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 44 Lewis St		City Bridgeport	State CT	Zip Code 06605-1224	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$180.00	
Name of Payee McKaela Askew		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1320 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 973 Reservoir Ave		City Bridgeport	State CT	Zip Code 06606-2918	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$180.00	
Name of Payee Demaris Gomez		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1301 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 203 Main St		City Bridgeport	State CT	Zip Code 06604-5708	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$195.00	

SUBTOTAL Section P - This Page	\$735.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$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 primary	
P. Expenses Paid by Committee				
Name of Payee Rashien Leak		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1311 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Clinton Ave		City Bridgeport	State CT	Zip Code 06605-1732
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$195.00
Name of Payee Gabriela Koc		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1157 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 525 Long Hill Ave		City Shelton	State CT	Zip Code 06484-4263
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$195.00
Name of Payee James Jefferson		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1262 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 320 East Ave		City Bridgeport	State CT	Zip Code 06610-2904
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$195.00
Name of Payee Nilsa Heredia		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1287 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 144 St Stephen Rd, Bldg 11 #203		City Bridgeport	State CT	Zip Code 06605
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Ganim for Bridgeport '19			7th day preceding primary		
P. Expenses Paid by Committee					
Name of Payee Liticia Lopez		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1305 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 114 Soundview Ct		City Stamford	State CT	Zip Code 06902-7111	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$225.00	
Name of Payee Sonia Jefferson		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1314 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 730 Palisade Ave, Apt C5		City Bridgeport	State CT	Zip Code 06610-3445	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$255.00	
Name of Payee Latefiah T Moore		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1303 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 68 Highland Ave		City Bridgeport	State CT	Zip Code 06604-3512	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$255.00	
Name of Payee Ralsteeni Hall		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1310 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 34 Richardson St		City Bridgeport	State CT	Zip Code 06610-1637	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$270.00	

SUBTOTAL Section P - This Page	\$1,005.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$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 primary	
P. Expenses Paid by Committee				
Name of Payee Optimum		Date of Payment 07/16/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 9256		City Chelsea	State MA	Zip Code 02150-9256
Purpose of Expenditure (by code) OVHD	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$284.93
Name of Payee Marie Hernandez		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1325 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$30.00
Name of Payee Catrenna Peyton		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1178 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$30.00
Name of Payee Maria I Hernandez		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1324 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 201 Arctic St		City Bridgeport	State CT	Zip Code 06608-1829
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$30.00

SUBTOTAL Section P - This Page	\$374.93
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 primary	
P. Expenses Paid by Committee				
Name of Payee George Jordan		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1300 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 66 Poplar St, # 1		City Bridgeport	State CT	Zip Code 06605-1973
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$330.00
Name of Payee VIP Country Market		Date of Payment 07/26/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$34.75
Name of Payee Vonda McKelthan		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1317 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$390.00
Name of Payee Cynthia Jackson		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1168 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Yahan Lefevre		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1174 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 404 Shelton St		City Bridgeport	State CT	Zip Code 06608-1634
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00	
Name of Payee Shakeema Gill		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1165 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 702 Bishop Ave		City Bridgeport	State CT	Zip Code 06610-3053
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00	
Name of Payee Hazel Johnson		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1170 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1314 Stratford Ave, Fl 2		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00	
Name of Payee Tramaine Pettway		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1177 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Michelle Lindsay		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1175 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$45.00
Name of Payee Shelley Ebron		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1313 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$450.00
Name of Payee Alveta Taylor		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1298 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$450.00
Name of Payee Emma B Lawton		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1154 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$500.00

SUBTOTAL Section P - This Page	\$1,445.00
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 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 Emma B Lawton		Date of Payment 07/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1033 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$500.00
Name of Payee Harry Bell		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1342 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2 Rockridge Cir		City Bridgeport	State CT Zip Code 06606-2551
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$525.00
Name of Payee Ta'Shira Parker		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1315 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 85 Birch Dr		City Stratford	State CT Zip Code 06615-7432
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$60.00
Name of Payee Nanette Malone		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1343 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 34 Valley Ave		City Bridgeport	State CT Zip Code 06606-3748
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Doris Nelson		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1341 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24A Stone Ridge Rd		City Bridgeport	State CT	Zip Code 06606-2576
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$660.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Executive Office Services		Date of Payment 07/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1036 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2085 Madison Ave		City Bridgeport	State CT	Zip Code 06606-3234
Purpose of Expenditure (by code) A-OTH	Description	Event #	Amount \$712.55	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Sharonda Tuck		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1156 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1314 Stratford Ave		City Bridgeport	State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$75.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Nancy Bonilla		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1308 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 178 Union Ave		City Bridgeport	State CT	Zip Code 06607-2305
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$75.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Melvin Johnson		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1155 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1314 Stratford Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$75.00
Name of Payee Executive Office Services		Date of Payment 08/06/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1116 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2085 Madison Ave		City Bridgeport	State CT	Zip Code 06606-3234
Purpose of Expenditure (by code) A-OTH	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$755.09
Name of Payee Testo's Pizzeria		Date of Payment 08/26/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$89.90
Name of Payee Stephanie A. Hardison		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1166 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 260 Success Ave, Apt 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport '19			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Melvin Johnson		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1171 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1314 Stratford Ave		City Bridgeport	State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$90.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Althea Currie		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1162 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 980 Lindley St, Unit 102		City Bridgeport	State CT	Zip Code 06606-4754
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$90.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Marie Hernandez		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1307 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 64A Chestnut St		City Bridgeport	State CT	Zip Code 06604-2683
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$90.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Sharonda Tuck		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1182 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1314 Stratford Ave		City Bridgeport	State CT	Zip Code 06607-1416
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$90.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

SUBTOTAL Section P - This Page	\$360.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$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 primary	
P. Expenses Paid by Committee			
Name of Payee Tina Johnson		Date of Payment 08/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1173 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1567 Boston Ave		City Bridgeport	State CT Zip Code 06610-2638
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$90.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Maria I Hernandez		Date of Payment 08/26/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1306 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 201 Arctic St		City Bridgeport	State CT Zip Code 06608-1829
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$90.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee John Zogby Strategies		Date of Payment 07/16/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1028 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 10 Oakwood Dr		City New Hartford	State NY Zip Code 13413-2458
Purpose of Expenditure (by code) POLLS	Description	Event #	Amount \$9,250.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Oak Strategies		Date of Payment 08/27/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1350 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 290 Broadway, Ste 132		City Methuen	State MA Zip Code 01844-6827
Purpose of Expenditure (by code) A-OTH	Description	Event #	Amount \$10,632.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page	\$20,062.00
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 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 Oak Strategies		Date of Payment 08/27/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1349 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 290 Broadway, Ste 132		City Methuen	State MA Zip Code 01844-6827
Purpose of Expenditure (by code) A-OTH	Description	Event #	Amount \$10,780.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Willene W Gibson		Date of Payment 08/27/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1357 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 355 Carroll Ave		City Bridgeport	State CT Zip Code 06607-1815
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$145.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Kenneth Beasley		Date of Payment 08/27/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1351 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 157 Eagle St		City Bridgeport	State CT Zip Code 06607-1619
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$52.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee GoDaddy		Date of Payment 07/17/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 14455 N Hayden Rd, Ste 219		City Scottsdale	State AZ Zip Code 85260-6993
Purpose of Expenditure (by code) WEB	Description	Event #	Amount \$69.37
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport '19			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Luzina Galberth		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1192 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 156 Norman St		City Bridgeport	State CT	Zip Code 06605-1523
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$105.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Home Depot		Date of Payment 07/08/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 541 Kings Highway Cutoff		City Fairfield	State CT	Zip Code 06824-5305
Purpose of Expenditure (by code) OVHD	Description	Event #		Amount \$111.52
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee David Heard		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1193 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1450 Main St		City Bridgeport	State CT	Zip Code 06604-3646
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$120.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee NGP Van		Date of Payment 07/08/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1101 15th St NW, Ste 500		City Washington	State DC	Zip Code 20005-5006
Purpose of Expenditure (by code) OVHD	Description	Event #		Amount \$1,230.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$1,566.52
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$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 primary	
P. Expenses Paid by Committee			
Name of Payee Brenda Gill		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1191 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$127.50
Name of Payee Delisia Boyd		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1194 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 465 Trumbull Ave, Apt B		City Bridgeport	State CT Zip Code 06606-2436
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$135.00
Name of Payee Tania Whitley		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1200 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$135.00
Name of Payee Inez Cosme		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1195 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1213 Reservoir Ave		City 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$135.00

SUBTOTAL Section P - This Page	\$532.50
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)

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 Beverly Cox		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1190 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 E Washington Ave		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$135.00	
Name of Payee Larissa Smith		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1198 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$135.00	
Name of Payee Mirella Villacres		Date of Payment 07/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1016 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Garfield Ave		City Bridgeport	State CT	Zip Code 06606-5267
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$170.00	
Name of Payee Nina Thomas		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1199 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 344		City Bridgeport	State CT	Zip Code 06601-0344
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$172.50	

SUBTOTAL Section P - This Page	\$612.50
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)

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 Tawana Johnson		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1201 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$195.00
Name of Payee BJ's Whole Sale Warehouse		Date of Payment 08/28/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$242.73
Name of Payee Executive Office Services		Date of Payment 07/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1031 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$340.32
Name of Payee Shwan Davis		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1203 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$37.50

SUBTOTAL Section P - This Page	\$815.55
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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Staples		Date of Payment 08/08/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy, Ste 2		City Fairfield	State CT	Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount \$411.77	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Brenda B Young		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1189 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1323 Stratford Ave, Apt 5		City Bridgeport	State CT	Zip Code 06607-1432
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$45.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Amazon		Date of Payment 07/18/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 81226		City Seattle	State WA	Zip Code 98108-1300
Purpose of Expenditure (by code) MISC	Description Raincoats	Event #	Amount \$63.78	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Staples		Date of Payment 07/08/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy, Ste 2		City Fairfield	State CT	Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount \$802.07	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Timiesha Rivera		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1202 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$82.50	
Name of Payee Kecia Walls		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1196 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$90.00	
Name of Payee Kenneth Beasley		Date of Payment 08/18/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1197 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 157 Eagle St		City Bridgeport	State CT	Zip Code 06607-1619
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$90.00	
Name of Payee Timiesha Rivera		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1248 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$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)

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 Charlene Draper		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1264 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$105.00
Name of Payee Maritza Velez		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1345 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 228 Weber St		City Stratford	State CT	Zip Code 06614-5234
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$105.00
Name of Payee Andres Carrol		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1266 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 85 Adams St		City Bridgeport	State CT	Zip Code 06607-2402
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$105.00
Name of Payee Felix Arnaldo Rivera		Date of Payment 07/29/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1041 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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)

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 Ebony N Young		Date of Payment 07/29/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1040 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 515 E Main St		City Bridgeport	State CT	Zip Code 06608-2328
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$112.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Tommika Leak		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1224 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 354 Iranistan Ave		City Bridgeport	State CT	Zip Code 06604-5840
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$120.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Shwan Davis		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1222 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 354 Iranistan Ave		City Bridgeport	State CT	Zip Code 06604-5840
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$120.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Joshua Dellaquila		Date of Payment 08/09/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1117 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2855 Fairfield Ave, # 2F		City Bridgeport	State CT	Zip Code 06605-3211
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$1,250.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

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

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 primary	
P. Expenses Paid by Committee			
Name of Payee Brenda B Young		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1257 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1323 Stratford Ave, Apt 5		City Bridgeport	State CT Zip Code 06607-1432
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$127.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Vonda McKeithan		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1228 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 347 Huntington Rd		City Bridgeport	State CT Zip Code 06608-1106
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$135.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Larissa Smith		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1250 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 677 Sylvan Ave		City Bridgeport	State CT Zip Code 06606-3074
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$135.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Delisia Boyd		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1238 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 465 Trumbull Ave, Apt B		City Bridgeport	State CT Zip Code 06606-2436
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$142.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

SUBTOTAL Section P - This Page	\$540.00
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 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 Party City		Date of Payment 07/19/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 2009 Black Rock Tpke		City Fairfield	State CT Zip Code 06825-3550
Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$154.17
Name of Payee Oak Strategies		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1270 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 290 Broadway, Ste 132		City Methuen	State MA Zip Code 01844-6827
Purpose of Expenditure (by code) A-OTH	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$1,565.00
Name of Payee David Heard		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1236 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$157.50
Name of Payee Nancy Williams		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1251 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 376 Union Ave		City Bridgeport	State CT Zip Code 06607-1822
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$157.50

SUBTOTAL Section P - This Page	\$2,034.17
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 primary	
P. Expenses Paid by Committee				
Name of Payee Maritza Velez		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1263 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 228 Weber St		City Stratford	State CT	Zip Code 06614-5234
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$157.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Staples		Date of Payment 07/19/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy, Ste 2		City Fairfield	State CT	Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	Description	Event #		Amount \$161.63
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Tawana Johnson		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1249 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 262 Adams St		City Bridgeport	State CT	Zip Code 06607-2403
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$165.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Beverly Cox		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1245 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 E Washington Ave		City Bridgeport	State CT	Zip Code 06608-2149
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$165.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

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)

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 Kenneth Beasley		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1255 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 157 Eagle St		City Bridgeport	State CT	Zip Code 06607-1619
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$165.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Tania Whitley		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1247 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1372 Kossuth St		City Bridgeport	State CT	Zip Code 06608-1135
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$165.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Ralsteeni Hall		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1219 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Richardson St		City Bridgeport	State CT	Zip Code 06610-1637
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$165.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Inez Cosme		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1233 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1213 Reservoir Ave		City Bridgeport	State CT	Zip Code 06606-2927
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$165.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

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)

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 Staples		Date of Payment 07/19/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy, Ste 2		City Fairfield	State CT	Zip Code 06824-5319
Purpose of Expenditure (by code) OFFICE	Description	Event #		Amount \$1,705.62
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Latara Clark		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1216 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 85 Birch Dr		City Stratford	State CT	Zip Code 06615-7432
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$180.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Latefiah T Moore		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1215 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 68 Highland Ave		City Bridgeport	State CT	Zip Code 06604-3512
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$180.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee George Johnson		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1211 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 136 Saint Stephens Rd, Bldg 10 #208		City Bridgeport	State CT	Zip Code 06605-2854
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$180.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

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)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Ganim for Bridgeport '19		7th day preceding primary	

P. Expenses Paid by Committee

Name of Payee Walmart		Date of Payment 08/19/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 465 Bridgeport Ave		City Shelton	State CT Zip Code 06484-4751
Purpose of Expenditure (by code) FOOD	Description	Event #	Amount \$181.34
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Testo's Pizzeria		Date of Payment 08/09/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1023 Brooklawn Ave		City Fairfield	State CT Zip Code 06825-1812
Purpose of Expenditure (by code) FOOD	Description	Event #	Amount \$181.97
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Gloria Brown		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1230 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 285 Hollister Ave		City Bridgeport	State CT Zip Code 06607-1925
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$210.00
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Shere Askew		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1232 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 973 Reservoir Ave		City Bridgeport	State CT Zip Code 06606-2918
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$210.00
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page		\$783.31
TOTAL of Section P Pages		\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>		\$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 primary	
P. Expenses Paid by Committee			
Name of Payee Damaris Gomez		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1206 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 203 Main St		City Bridgeport	State CT Zip Code 06604-5708
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$217.50
Name of Payee Nina Thomas		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1256 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address PO Box 344		City Bridgeport	State CT Zip Code 06601-0344
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$217.50
Name of Payee Brenda Gill		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1252 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$217.50
Name of Payee Rashien Leak		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1220 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 112 Clinton Ave		City Bridgeport	State CT Zip Code 06605-1732
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$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)

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 Nyesha Crump		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1218 <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$225.00
Name of Payee George Jordan		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1212 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 66 Poplar St, # 1		City Bridgeport	State CT Zip Code 06605-1973
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$240.00
Name of Payee Sonia Jefferson		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1223 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 730 Palisade Ave, Apt C5		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$255.00
Name of Payee Tamara Gill		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1268 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 206 Virginia Ave		City Bridgeport	State CT Zip Code 06610-1545
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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)

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 Apple iTunes		Date of Payment 07/29/2019		Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 767 5th Ave		City New York		State NY	Zip Code 10153-0023
Purpose of Expenditure (by code) WEB	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				\$27.26
Name of Payee McKaela Askew		Date of Payment 08/19/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1231 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 973 Reservoir Ave		City Bridgeport		State CT	Zip Code 06606-2918
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				\$270.00
Name of Payee Carolyn B Nah		Date of Payment 08/19/2019		Method of Payment <input checked="" type="checkbox"/> Check # 1229 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 44 Lewis St		City Bridgeport		State CT	Zip Code 06605-1224
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				\$270.00
Name of Payee Testo's Pizzeria		Date of Payment 07/29/2019		Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				\$295.65

SUBTOTAL Section P - This Page	\$862.91
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

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 primary	
P. Expenses Paid by Committee				
Name of Payee Leighton O Reynolds		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1217 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 104 Bancroft Ave		City Bridgeport	State CT	Zip Code 06604-1901
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$300.00	
Name of Payee Shellay Ebron		Date of Payment 07/29/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1037 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$307.50	
Name of Payee Alveta Taylor		Date of Payment 07/29/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1038 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$307.50	
Name of Payee Willene W Gibson		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1265 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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

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 primary

P. Expenses Paid by Committee

Name of Payee Staples		Date of Payment 07/19/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$32.48	
Name of Payee Emonnie Pettway		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1209 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Yaremich Dr		City Bridgeport		State CT
Zip Code 06606-2586				
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$367.50	
Name of Payee Denise Arrington		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1207 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 980 Lindley St, Unit 304		City Bridgeport		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$367.50	
Name of Payee Enaisja Upchurch		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1210 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ganim for Bridgeport '19	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Catrenna Peyton		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1254 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$37.50	
Name of Payee Yahan Lefevre		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1244 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 404 Shelton St		City Bridgeport		State CT
Zip Code 06608-1634				
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$37.50	
Name of Payee Trumbull Mobil 9010		Date of Payment 08/19/2019	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$375.00	
Name of Payee UPS		Date of Payment 08/29/2019	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
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 <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$4.05	

SUBTOTAL Section P - This Page	\$454.05
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$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 primary	
P. Expenses Paid by Committee				
Name of Payee Mario D'Addario Buick GMC		Date of Payment 07/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1017 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 329 Bridgeport Ave		City Shelton	State CT	Zip Code 06484-3860
Purpose of Expenditure (by code) OVHD	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$401.30	
Name of Payee Alveta Taylor		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1205 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$435.00	
Name of Payee Shelley Ebron		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1221 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$435.00	
Name of Payee Hazel Johnson		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1253 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1314 Stratford Ave, Fl 2		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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00	

SUBTOTAL Section P - This Page	\$1,316.30
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 <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ganim for Bridgeport '19	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Cynthia Jackson		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1259 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$45.00
Name of Payee Stephanie A. Hardison		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1246 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 260 Success Ave, Apt 14		City Bridgeport		State CT
Zip Code 06610-2426				
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$45.00
Name of Payee Stephanie A. Hardison		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1267 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 260 Success Ave, Apt 14		City Bridgeport		State CT
Zip Code 06610-2426				
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$45.00
Name of Payee Avis Samuel		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1269 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 66 Chestnut St		City Bridgeport		State CT
Zip Code 06604-2638				
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$45.00

SUBTOTAL Section P - This Page	\$180.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$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 primary	
P. Expenses Paid by Committee				
Name of Payee Althea Currie		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1258 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 980 Lindley St, Unit 102		City Bridgeport	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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00	
Name of Payee Tina Johnson		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1243 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$45.00	
Name of Payee Canva		Date of Payment 08/09/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$49.93	
Name of Payee Staples		Date of Payment 07/19/2019	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$5.44	

SUBTOTAL Section P - This Page	\$145.37
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 <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport '19			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee Coleen Le Pere		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1271 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 373 Union Ave		City West Haven	State CT	Zip Code 06516-3751
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$500.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Emma B Lawton		Date of Payment 08/09/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1118 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Dogwood Ln		City Trumbull	State CT	Zip Code 06611-5050
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$500.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Emma B Lawton		Date of Payment 07/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1030 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Dogwood Ln		City Trumbull	State CT	Zip Code 06611-5050
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$500.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Ecaius Booth		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1208 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1165 Stratford Rd, Unit 203		City Stratford	State CT	Zip Code 06615-7644
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$60.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$1,560.00
TOTAL of Section P Pages	\$159,965.53
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$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 primary	
P. Expenses Paid by Committee			
Name of Payee Oak Strategies		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1225 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 290 Broadway, Ste 132		City Methuen	State MA Zip Code 01844-6827
Purpose of Expenditure (by code) A-OTH	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$6,166.50
Name of Payee James Jefferson		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1234 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 320 East Ave		City Bridgeport	State CT Zip Code 06610-2904
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$67.50
Name of Payee Charlene Draper		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1260 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$75.00
Name of Payee Stones Phones		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1235 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 41750 Rancho Las Palmas Dr, Suite E-3		City Rancho Mirage	State CA Zip Code 92270-5511
Purpose of Expenditure (by code) A-PH-BNK	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$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)

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 Richard Bush		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1226 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 44 Horace St		City Bridgeport	State CT	Zip Code 06610-2040
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) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$90.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Michelle Lindsay		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1241 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$90.00	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Kecia Walls		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1239 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$97.50	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee Christie Markis		Date of Payment 08/19/2019	Method of Payment <input checked="" type="checkbox"/> Check # 1242 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$97.50	
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

SUBTOTAL Section P - This Page	\$375.00
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 <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ganim for Bridgeport '19	7th day preceding primary

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant Dellaquila		First Joshua	MI	Date of Payment to Vendor, Person or Entity 07/30/2019	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Grocery Village				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1050 Brooklawn Ave		City Bridgeport		State CT	Zip Code 06604-1290
Purpose of Expenditure (by code) FOOD	Description	Event #		Amount \$10.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

Last Name of Worker/Consultant Ford		First Ralph	MI R	Date of Payment to Vendor, Person or Entity 08/10/2019	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Wireless Wizard				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1277 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1905 Boston Ave		City Bridgeport		State CT	Zip Code 06610-2623
Purpose of Expenditure (by code) OVHD	Description	Event #		Amount \$159.99	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

Last Name of Worker/Consultant Dellaquila		First Joshua	MI	Date of Payment to Vendor, Person or Entity 07/30/2019	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant The Azteca Bakery LLC				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2744 Fairfield Ave		City Bridgeport		State CT	Zip Code 06605-3059
Purpose of Expenditure (by code) FOOD	Description	Event #		Amount \$23.75	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

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

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 Reimbursements to Committee Workers and Consultants				
Last Name of Worker/Consultant Dellaquila		First Joshua	MI	Date of Payment to Vendor, Person or Entity 07/30/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Krauszer's Food Store			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$31.52
Last Name of Worker/Consultant Dellaquila		First Joshua	MI	Date of Payment to Vendor, Person or Entity 07/30/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant The Azteca Bakery LLC			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$35.00
Last Name of Worker/Consultant Dellaquila		First Joshua	MI	Date of Payment to Vendor, Person or Entity 07/31/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant BJ's Whole Sale Warehouse			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$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)

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 Reimbursements to Committee Workers and Consultants				
Last Name of Worker/Consultant Dellaquila		First Joshua		MI Date of Payment to Vendor, Person or Entity 07/31/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant BJ's Whole Sale Warehouse			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$204.07
Last Name of Worker/Consultant Dellaquila		First Joshua		MI Date of Payment to Vendor, Person or Entity 07/31/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$269.30
Last Name of Worker/Consultant Ford		First Ralph		MI Date of Payment to Vendor, Person or Entity 08/02/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Home Depot			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1277 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 656 Reservoir Ave		City Bridgeport		State CT Zip Code 06606-3981
Purpose of Expenditure (by code) OVHD	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$16.61

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

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 Reimbursements to Committee Workers and Consultants				
Last Name of Worker/Consultant Ford		First Ralph	MI R	Date of Payment to Vendor, Person or Entity 08/02/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Home Depot			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1048 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 350 Barnum Avenue Cutoff		City Stratford		State CT Zip Code 06614-5113
Purpose of Expenditure (by code) OVHD	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$488.15
Last Name of Worker/Consultant Ford		First Ralph	MI R	Date of Payment to Vendor, Person or Entity 08/14/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Family Dollar			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1277 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 310 Boston Ave		City Stratford		State CT Zip Code 06614-5213
Purpose of Expenditure (by code) OFFICE	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$11.17
Last Name of Worker/Consultant Ford		First Ralph	MI R	Date of Payment to Vendor, Person or Entity 08/14/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant BJs			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1277 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 955 Ferry Blvd		City Stratford		State CT Zip Code 06614-6094
Purpose of Expenditure (by code) FOOD	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$44.96

SUBTOTAL Section T - This Page	\$544.28
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)

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 Reimbursements to Committee Workers and Consultants				
Last Name of Worker/Consultant Ford		First Ralph	MI R	Date of Payment to Vendor, Person or Entity 08/14/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Dollar Tree Stores, Inc.			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1277 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 955 Ferry Blvd, Ste 5		City Stratford		State CT Zip Code 06614-6094
Purpose of Expenditure (by code) OFFICE	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$7.44
Last Name of Worker/Consultant Ford		First Ralph	MI R	Date of Payment to Vendor, Person or Entity 08/05/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Walmart			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1277 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 150 Barnum Avenue Cutoff		City Stratford		State CT Zip Code 06614-5111
Purpose of Expenditure (by code) OFFICE	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$79.45
Last Name of Worker/Consultant Ford		First Ralph	MI R	Date of Payment to Vendor, Person or Entity 08/06/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Family Dollar			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1277 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 310 Boston Ave		City Stratford		State CT Zip Code 06614-5213
Purpose of Expenditure (by code) OFFICE	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$28.06

SUBTOTAL Section T - This Page	\$114.95
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)

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 Reimbursements to Committee Workers and Consultants				
Last Name of Worker/Consultant Ford		First Ralph	MI R	Date of Payment to Vendor, Person or Entity 08/07/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Home Depot			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1277 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 350 Barnum Avenue Cutoff		City Stratford		State CT Zip Code 06614-5113
Purpose of Expenditure (by code) OVHD	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$9.32
Last Name of Worker/Consultant Ford		First Ralph	MI R	Date of Payment to Vendor, Person or Entity 08/08/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant BJs			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1277 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 955 Ferry Blvd		City Stratford		State CT Zip Code 06614-6094
Purpose of Expenditure (by code) OFFICE	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$15.78
Last Name of Worker/Consultant Ford		First Ralph	MI R	Date of Payment to Vendor, Person or Entity 08/09/2019
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Benman Industries			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 1277 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1870 E Main St		City Bridgeport		State CT Zip Code 06610-2038
Purpose of Expenditure (by code) OFFICE	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$90.07

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