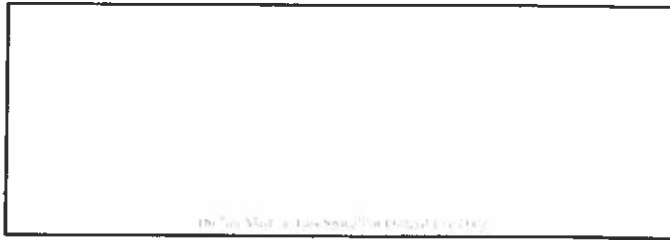


SEEC FORM 20

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



COVER PAGE

1. NAME OF COMMITTEE

Ganim for Bridgeport 23

2. TREASURER NAME

First Coleen	MI	Last Le Pere	Suffix
-----------------	----	-----------------	--------

3. TREASURER ADDRESS

Street Address 24 Woodward Ave	City New Haven	State CT	Zip Code 06512
-----------------------------------	-------------------	-------------	-------------------

4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)
11/07/2023

5. OFFICE SOUGHT (Complete only if Candidate Committee)

Mayor

6. DISTRICT NUMBER

(if applicable)
7

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First Joseph	MI P	Last Ganim	Suffix
-----------------	---------	---------------	--------

8. TYPE OF REPORT (Check One Box)

- | | | | |
|---|---|--|--|
| <input type="radio"/> January 10 filing | <input type="radio"/> 7th day preceding primary | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="radio"/> April 10 filing | <input type="radio"/> 30 days following primary | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to |
| <input checked="" type="radio"/> July 10 filing | <input type="radio"/> 7th day preceding election | <input type="radio"/> Deficit | Type of Report: |
| <input type="radio"/> October 10 filing | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input type="radio"/> Termination | _____ |
| <input type="radio"/> 24 Hour Independent Expenditure
<input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election not held in November | | |

9. PERIOD COVERED

Beginning Date	Ending Date
04/01/2022	thru 06/30/2022

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.

TREASURER OR DEPUTY TREASURER (SIGNATURE)

Anthony Paoletto

PRINT NAME OF SIGNER

7/11/2022

DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Ganfm for Bridqport 23	July 10	
	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	\$0.00	
13. Contributions Received from Individuals (Sections A and B)	\$118,615.00	\$118,615.00
14. Receipts from Other Committees (Sections C1 and C2)	\$5,000.00	\$5,000.00
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)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$123,615.00	\$123,615.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$123,615.00	\$123,615.00
19. Expenses Paid by Committee (Section P)	\$15,929.91	\$15,929.91
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$107,685.09	\$107,685.09
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ganim for Bridgeport 23		July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name		First	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
Last Name		First	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
Last Name		First	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
Last Name		First	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Contributor's Name (11/24/20)	Contributor's Address (11/24/20)	City (11/24/20)	State (11/24/20)	Zip Code (11/24/20)	Name of Employer (11/24/20)	Principal Occupation (11/24/20)	Date Received Contribution (11/24/20)	Amount of Contribution (11/24/20)	Method of Contribution (11/24/20)	In contribution a percent of a sole proprietorship?	In this contribution accompanied with an overall report on the business?	Date of Event (11/24/20)	Letter for Event (11/24/20)	In contributor a lobbyist, spouse or dependent child of a lobbyist?	If contribution is in excess of \$100 to a candidate for a city or township or a municipality of business?
Carroll	37 Thorne Plaza	Bridgeport	CT	06608	City of Bridgeport	Mayor	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	24 Woodland St	New Haven	CT	06512	City of Bridgeport	Mayor	4/17/2022	\$ 40.00	CA	N	Y	4/29/2022	A	N	N
Carroll	42 Madison St	Bridgeport	CT	06605-3348	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	250 Madison St	Bridgeport	CT	06617-2008	City of Bridgeport	City Attorney	4/17/2022	\$ 300.00	CA	N	Y	4/29/2022	A	N	N
Carroll	63 North Main St	Bridgeport	CT	06605-3327	City of Bridgeport	City Attorney	4/17/2022	\$ 500.00	CA	N	Y	4/29/2022	A	N	N
Carroll	245 River Rd	Bridgeport	CT	06617-2117	City of Bridgeport	City Attorney	4/17/2022	\$ 500.00	CA	N	Y	4/29/2022	A	N	N
Carroll	30 Overland St	Bridgeport	CT	06604-1107	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	931 Madison Ave	Bridgeport	CT	06604-1107	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	22 Holly Rd	Bridgeport	CT	06605-4237	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	3180 Main St	Bridgeport	CT	06603-4831	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	251 Depew Ave	Bridgeport	CT	06604-2588	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	175 Fenner Ave	Bridgeport	CT	06605-3838	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	25 Sawyer Ave	Bridgeport	CT	06604-1107	City of Bridgeport	City Attorney	4/17/2022	\$ 500.00	CA	N	Y	4/29/2022	A	N	N
Carroll	1771 Rowland Rd	Bridgeport	CT	06604-1107	City of Bridgeport	City Attorney	4/17/2022	\$ 500.00	CA	N	Y	4/29/2022	A	N	N
Carroll	408 Southview Ave	Bridgeport	CT	06605-4238	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	447 Main St	Bridgeport	CT	06605-1178	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	47 Main St	Bridgeport	CT	06605-1178	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	164 Beaumont Ave	Bridgeport	CT	06604-1172	City of Bridgeport	City Attorney	4/17/2022	\$ 500.00	CA	N	Y	4/29/2022	A	N	N
Carroll	8 Bayberry Ln	Bridgeport	CT	06604-1172	City of Bridgeport	City Attorney	4/17/2022	\$ 150.00	CA	N	Y	4/29/2022	A	N	N
Carroll	3 Lumbury Rd	Bridgeport	CT	06604-2749	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	120 Bayport Ct	Bridgeport	CT	06604-2749	City of Bridgeport	City Attorney	4/17/2022	\$ 200.00	CA	N	Y	4/29/2022	A	N	N
Carroll	831 Koenig Road	Bridgeport	CT	06602-7330	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	8831 Michener Road	Bridgeport	CT	06602-7330	City of Bridgeport	City Attorney	4/17/2022	\$ 500.00	CA	N	Y	4/29/2022	A	N	N
Carroll	8 Olvera Lane	Bridgeport	CT	06602-7330	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	300 E Market Street, Apt 2701	Bridgeport	CT	06602-7330	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	7289 71 Fenner St	Bridgeport	CT	06602-7330	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	37 Fenner Blvd	Bridgeport	CT	06602-7330	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	865 Leisner Blvd W	Bridgeport	CT	06602-7330	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	125 Bulwark Ln	Bridgeport	CT	06602-7330	City of Bridgeport	City Attorney	4/17/2022	\$ 500.00	CA	N	Y	4/29/2022	A	N	N
Carroll	7 Trout Creek Road	Bridgeport	CT	06602-7330	City of Bridgeport	City Attorney	4/17/2022	\$ 500.00	CA	N	Y	4/29/2022	A	N	N
Carroll	34.8 Fenner Road	Bridgeport	CT	06602-7330	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	105 Bulwark Lane	Bridgeport	CT	06604	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	881 Old Green Road	Bridgeport	CT	06604	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	41 Fenner Drive	Bridgeport	CT	06608	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	515 West Avenue	Bridgeport	CT	06604	City of Bridgeport	City Attorney	4/17/2022	\$ 500.00	CA	N	Y	4/29/2022	A	N	N
Carroll	1700 Canal Ave	Bridgeport	CT	06604	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	45 Teller road	Bridgeport	CT	06610	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	131 Fenner Rd 11B	Bridgeport	CT	06608	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	113 Fenner Ave	Bridgeport	CT	06608	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	113 Fenner Ave	Bridgeport	CT	06608	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	2 Bluff Dr	Bridgeport	CT	06608-1602	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	300 Fenner Ave	Bridgeport	CT	06608-1602	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	14 Fenner Rd	Bridgeport	CT	06608	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	25 Fenner St	Bridgeport	CT	06610-1226	City of Bridgeport	City Attorney	4/17/2022	\$ 500.00	CA	N	Y	4/29/2022	A	N	N
Carroll	185 Fenner St	Bridgeport	CT	06610	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	151 Fenner St	Bridgeport	CT	06608-5917	City of Bridgeport	City Attorney	4/17/2022	\$ 150.00	CA	N	Y	4/29/2022	A	N	N
Carroll	17 Fenner Dr	Bridgeport	CT	06613-1137	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	10 Fenner St	Bridgeport	CT	06608	City of Bridgeport	City Attorney	4/17/2022	\$ 500.00	CA	N	Y	4/29/2022	A	N	N
Carroll	18 Fenner St	Bridgeport	CT	06608	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	448 Old Fenner St, Unit G	Bridgeport	CT	06608-2437	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	40 Fenner Dr	Bridgeport	CT	06608	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	44 Fenner St	Bridgeport	CT	06611-4887	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	50 Fenner St	Bridgeport	CT	06611-4887	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	125 West River Street	Bridgeport	CT	06615-1722	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	48 Fenner St	Bridgeport	CT	06604-1617	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	330 Fenner St	Bridgeport	CT	06604-1617	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	27 Fenner St	Bridgeport	CT	06604-5237	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	740 Fenner St	Bridgeport	CT	06612-2211	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	10 Fenner St	Bridgeport	CT	06605	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	70 Fenner Ave	Bridgeport	CT	06614-1114	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	200 N Fenner St	Bridgeport	CT	06610-1390	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	152 Fenner Street	Bridgeport	CT	06610-1390	City of Bridgeport	City Attorney	4/17/2022	\$ 100.00	CA	N	Y	4/29/2022	A	N	N
Carroll	67 Fenner St	Bridgeport	CT	06609-2016	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	144 Fenner St	Bridgeport	CT	06605-1605	City of Bridgeport	City Attorney	4/17/2022	\$ 200.00	CA	N	Y	4/29/2022	A	N	N
Carroll	115 Fenner St	Bridgeport	CT	06612-5022	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	24 Fenner Rd	Bridgeport	CT	06612-5022	City of Bridgeport	City Attorney	4/17/2022	\$ 500.00	CA	N	Y	4/29/2022	A	N	N
Carroll	11 Old Fenner Rd	Bridgeport	CT	06612-5022	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	11 Old Fenner Rd	Bridgeport	CT	06611-2819	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N
Carroll	30 Fenner St	Bridgeport	CT	06606	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	11 Fenner St	Bridgeport	CT	06606	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	11 Fenner St	Bridgeport	CT	06606	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	20 Fenner St	Bridgeport	CT	06606	City of Bridgeport	City Attorney	4/17/2022	\$ 1,000.00	CA	N	Y	4/29/2022	A	N	N
Carroll	80 Lobsterback Rd	Bridgeport	CT	06604-3715	City of Bridgeport	City Attorney	4/17/2022	\$ 250.00	CA	N	Y	4/29/2022	A	N	N

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
Ganlm for Bridgeport 23						July 10	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
Address				Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer			
Address				Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer			
Address				Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address				City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				Amount of Receipt	
Description							
Name of Committee				Name of Treasurer			
Address				City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				Amount of Receipt	
Description							
SUBTOTAL Section C — This Page							
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>							

Name of Committee * (Text(25))	Name of Treasurer (Text(25))	Committee Street Address * (Text(35))	City * (Text(20))	State * (Text(2))	Zip-Code (Numeric(9))	Date Received * (m/m/d/yyyy)	Amount of Contribution * (Decimals)	is this contribution associated with an event reported in Section L.1 ? (Text(1)) (Y/N)	Date of Event (mm/dd/yyyy)	Letter for Event# (Text(1))	Enter only if the aggregate contribution is incorrect (Decimal)
Committee to Elect Democrats	Rosanne Gallant	527 Tunxis Hill Rd	Fairfield	CT	06825	4/28/2022	\$ 1,000.00	Y	4/28/2022	A	
IUOE Local 478 Political Action Committee	Nate Brown	1965 Dowell Ave	Hamden	CT	06514	4/28/2022	\$ 1,500.00	Y	4/28/2022	A	
Rovette PAC	Robert Ficeto	13 Diamond Rock Rd	Wolcott	CT	06718	4/28/2022	\$ 1,000.00	Y	4/28/2022	A	
IUPAT	Jason Werthman	1492 Berlin Tpke	Berlin	CT	06037	5/17/2022	\$ 1,000.00	N			
Rovette PAC	Robert Ficeto	13 Diamond Rock Rd	Wolcott	CT	06716	6/23/2022	\$ 500.00	Y	6/23/2022	B	

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 23	July 10

D. Loans Received this Period

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

TOTAL SECTION D

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

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

TOTAL SECTION E

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ganim for Bridgeport 23	July 10

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

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

TOTAL SECTION F

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

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

TOTAL SECTION G

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

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

TOTAL SECTION H

I. Anonymous Contributions

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

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ganim for Bridgeport 23	July 10

J. Interest from Deposits in Authorized Accounts

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

TOTAL SECTION J

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			

TOTAL SECTION K

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

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

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport 23			July 10	
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
4-28-22	A	Kick-Off Dinner	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
Testos Resturant, 1775 Madison Avenue		Bridgeport	CT	06606
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="radio"/> 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="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> 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="radio"/> 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="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No		
Event # Date of Event	Letter	Description	Was this a fundraising event?	
6-23-22	B	Steakhouse Dinner	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Location: Street Address		City	State	Zip Code
Josephs Steakhouse, 360 Fairfield Ave		Bridgeport	CT	06604
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="radio"/> 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="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> 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="radio"/> 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="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page				
TOTAL of additional Section L1 Pages				
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>				

II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ganm for Bridgeport 23	July 10

L3. Purchases of Advertising in a Program Book or on a Sign

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

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ganlm for Bridgeport 23	July 10

L4. In-Kind Donations Not Considered Contributions

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation
Date Received	Event #	

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation
Date Received	Event #	

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation
Date Received	Event #	

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation
Date Received	Event #	

SUBTOTAL Section L4 — This Page

TOTAL of additional Section L4 Pages

TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS
(Enter total on Line 21, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganim for Bridgeport 23			July 10	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
SUBTOTAL Section L5 — This Page				
TOTAL of additional Section L5 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY				
<i>(Enter total on Line 22, Column A of Summary Page Totals)</i>				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ganim for Bridgeport 23	July 10

M. In-Kind Contributions

Name: _____

Street Address	City	State	Zip Code
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Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No	Fair Market Value of this Contribution
--	---	---

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

Name: _____

Street Address	City	State	Zip Code
----------------	------	-------	----------

Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No	Fair Market Value of this Contribution
--	---	---

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

Name: _____

Street Address	City	State	Zip Code
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Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
---	---------------	-------------------------	-------------------------------------

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

Is this contribution associated with an event reported listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
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SUBTOTAL Section M — This Page

TOTAL of additional Section M Pages

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

N. Refundable Deposit to Telephone Company

Last Name of Individual	First	MI	Date Deposit Made
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Residential Street Address	City	State	Zip Code	Amount of Deposit
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Name of Telephone Company: _____

Street Address	City	State	Zip Code
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TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ganlm for Bridgeport 23			July 10	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page				
TOTAL of additional Section P Pages				
TOTAL OF ALL EXPENSES PAID BY COMMITTEE				
<i>(Enter total on Line 19, Column A of Summary Page Totals)</i>				

Name of Payee * (Text(100))	Street Address * (Text(40))	City * (Text(25))	State * (Text(2))	Zip-Code (Numeric(9))	Date of Payment * (mm/dd/yyyy)	Amount * (Decimal)	Method of Payment * (Text(20))	Check (Text(20))	Description (Text(100))	Date of Event (mm/dd/yyyy)	Letter for Events (Text(1))	Purpose of Expenditure * (Text(8))
Day Campaign	112 Bloomfield Ave	Windsor	CT	06095	4/24/2022	\$ 100.00	DC		Online Donation Setup Fee (Auto Pay)			WEB
Virginia Malheiro	11 Blotford Pl	Trumbull	CT	06611	5/27/2022	\$ 2,240.34	CH	92	Reimbursement for Flyers, Stamps, Envelopes	4/28/2022	A	RMB
Anthony Paolitto	321 Lyme Place	Bridgeport	CT	06610	6/14/2022	\$ 325.00	CH	1002	Reimbursement for Stamps	4/28/2022	A	RMB
Mitch Co. Party Rentals	3129 Main St	Stratford	CT	06614	6/14/2022	\$ 525.37	CH	1003	Table Rental	4/28/2022	A	OVHD
Testos Ristorante & Ballroom	1775 Madison Ave	Bridgeport	CT	06608	6/14/2022	\$ 5,250.00	CH	1004	Food	4/28/2022	A	FNDR
Josephs Steak House	360 Fairfield Ave	Bridgeport	CT	06604	6/23/2022	\$ 6,448.00	CC		Food	6/23/2022	B	FNDR
Day Campaign	112 Bloomfield Ave	Windsor	CT	06095	6/30/2022	\$ 1,041.20	DC		Credit Card/Banking Transaction fees			BNK

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ganim for Bridgeport 23	July 10

Q. Campaign Expenses Paid by Candidate

Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	

SUBTOTAL Section Q — This Page

TOTAL of additional Section Q Pages

TOTAL OF ALL EXPENSES PAID BY CANDIDATE
(Enter total on Line 26, Column A of Summary Page Totals)

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ganim for Bridgeport 23	July 10

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>		
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>		
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
--------------------------------	-------	----	---

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>		
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section T — This Page	
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TOTAL of additional Section T Pages	
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TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	
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