SEEC FORM 20

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

Page 1 of 17

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1. NAME OF COMMITTEE						::		
Ganim for Bridgeport 23								
2. TREASURER NAME				-		£ 1	$\overline{}$	N In
First		MI		Last		2 3	5	Suffix (5)
Coleen				Le Per	е	OF S	\$ Di	F 75
3. TREASURER ADDRESS						20 7	<u>ス温</u> 、	
Street Address			City			State	Zip C	ode C
24 Woodward Ave				Haver		tat %	O65	A2 2017
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	GHT (Complete	only if	Candida	te Committee)	26		RICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor					:0 32_	(if applicable	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)						
First		MI	ī	Last				Suffix
Joseph		Р		Ganim	1			<u> </u>
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	7th day preced	ling primary	,	O7th	day preceding referendum	Initial Cont	ribution o	r Disbursement
April 10 filing	O30 days follow	ving primary	,	O45	days following referendum	OAmendmen		
July 10 filing	O7th day preced	ling election		O De	ficit	Type of Rep	ort:	
October 10 filing	Ol2th day prece		n	OTes	rmination			
O24 Hour Independent Expenditure Primary Election	O45 days follow not held in No							
9. PERIOD COVERED								
	Beginning Dat	e			Ending Date			
	04/01/2022		-	thru	06/30/2022			
0. CERTIFICATION								
I hereby certify and state, under policiosure Statement for the per	enalties of false st iod covered is tr	atement, th	ıat all ite an	of the	information set forth on the	nis Iternized Can	ıpaign Fi	пипсе
		> A	ntho	ny Pao	eletto		7/11/20	22
TREASURER OR DEPUTY TREASURE	(SIGNATURE)	PI	RINT	NAME (OF SIGNER		DATE (r	nm/dd/yyyy)
A person who is j					plated any provisions of the	e campaign fina	nce statut	es

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Ganim for Bridgeport 23	July 10	
	COLUMN A This Period	COLUMN B Aggregate
 Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees 	TATE OF THE SECOND	\$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
6b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
6c. 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
8. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$123,615.00	\$123,615.00
9. Expenses Paid by Committee (Section P)	\$15,929.91	\$15,929.91
0. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$107,685.09	\$107,685.09
1. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
2. In-Kind Donations not Considered Contributions — House Party (Section LS)	\$0.00	\$0.00
3. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
4. Refundable Deposit to Telephone Company (Section N)	\$0,00	\$0.00
5. Loan Balance	\$0.00	
5a. + Loans Received (Section D)	\$0.00	\$0.00
5b. + Interest and Penalties on Loan	\$0.00	\$0.00
5c Payments on Loan	\$0.00	\$0.00
5d. Total Outstanding Loan Amount	\$0.00	
5. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
3. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
a. 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	s
B. Itemized Contributions from Indivi	duals
Last Name First	MI
Residential Street Address City	
City	State Zip Code
Principal Occupation Name of Employer	
is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive	e officer of a municipality. Amount of Contribution
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract valued at more than \$5,000? Over ONo	with said municipality
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of government the contract is with: OExecutive	e contractor? Yes No
Method of Contribution: Date Received	Aggregate Contributions
OCash OPersonal Cheek OCredit/Debit Card OPayroll Deduction OMoney Order	
ast Name First	Mi
Residential Street Address City	State Zip Code
Principal Occupation Name of Employer	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes No If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	e officer of a municipality, with said municipality
s this contribution associated with an vent reported in Section L1? If yes, list Event # Section L1? If yes, indicate which branch or branches of government the contract is with: Executive	c contractor? Yes No Legislative
Method of Contribution: Date Received	Aggregate Contributions
Cash OPersonal Check Ccredit/Debit Card OPayroll Deduction OMoney Order	
ast Name First	М
esidential Street Address City	State Zip Code
rincipal Occupation Name of Employer	
contributor a lobbyist, spouse, dependent child of a lobbyist? No No No No If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	officer of a municipality, with said municipality
this contribution associated with an vent reported in Section L1? Solution Associated with an Version Properties of a state contractor or prospective state of properties, indicate which branch or branches of government the contract is with: Executive of government the contract is with:	No No
100.00	Aggregate Contributions
Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney Order	
SUBTOTAL Section B — This I	Page
TOTAL of additional Section B Pa	•
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page T.	

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Street Address ' (Text(46))	57 Theme Page	435 Method St	38 Northford Rd	52 Pershing Ave 245 River Rd	30 Overland Di	131 Autong Ave 53 Lawrence Ass	22 Inchesy Rd	Z51 Dogwedo 🐸	7564 Internation Ave.	25 Sawyer Rd	406 County Ann	548 Bert Court	130 Eastheld Dr	164 Beachmant Ave	Baytemy Ln	120 Royalis Ct	812 Pache St	OCC Mexican Read	300 F Market Share Are 3775	171 Prence St	7205 N Bross Street	W total streets (M)	7 Track Creek Board	GAMO INSENTAL	22 Pubbel Lave	105 Battery Park Drive	40 Memorant Prop	21 Januar Da	515 West Average	40 Toller coud	\$25 Oronolus Ro 11B	13 Bright Ave	81 Taumbon Hill Road,	360 Farfield Ave	13 Burryann Hill	25 Sullivan Pt	185 Alpena Street	97 Northwood Dr	1000 Lathywite Blvd	18 Abbett Sweet	And Che Whichests Street, Unit G	42 Eart Hill Road	50 Taneger Ln	125 West River Street	1001 Whatley Ave	339 Storeration Road 2370 Park Ave	37 Forest Ci 740 Contact Se	10 Cold Sonng Rd	28 Hillade Ave 70 Certen Ten	200 N Penture J.	57 Sport Hill Ru	469 Brookevn Ave 144 Wansey Street	24 Furthern Re	11 Old Blam Rd	11 Old Barn Rd 35 Primmas Onve	1 Shuges Hollow DD Arber Rd	20 Blackari Road 80 Lobsterback Rd	
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City of Bridgeport City of Bridgeport	Cry of Brotopours Morari Agentieus Morari Agentieus Motoleurusu & Kenney Gundent American	Emmild Savieting Engineers Emmild Savieting Engineers	Retract Retract Criv of Bridgesort	C4s of Brappoor; C4s of Brappoor; C4s of Brappoor;	Romain Parachas City of Endgeson Restruct	City of Briggingary City of Bridgingary City of Bridgingary	Montestrain Law Group Logico-Arbs Arred Peck Regity	Mechania Retinal	City of Bridgecon Damel O Pertamova, Atty LLC	Alberta Herong & Ar Cooling JDM Reach Management	Server Center Coprantative	Crity of Bragaport Crity of Bragaport Miller, Roman, Demeco, Angue & Buller	Cherry Hill Construction, Inc. University of Badgeport City of Badgeport	CAy of Bridgepart	Coopera University Heat & Front Insulations Local	Unit of bindgeport RSG RGE FCII	CAy of Bridgeport Rating	23	Mothern Class Inc. Referred	Teather Reviewents Office of Congressment Ferres Teathers	Trafa Corru	Chy of Bragagiory VLW Law Futz	DLW Properties L.C.	Willinger, Willinger & Buco. City of Bridgapart	Method Oth Latvi Kechen Cary of Britgaport	Reference & Vernano Reference Town of Vernan	Redine Asstrators Glodwi of Southern New England Ran owner are	Cry of Bridgebort Awres Bank	Evelution tember savage City of Bridgisport Rethred	Administration Referred	United Mentaning Academy Cay of Bridgeport	Konneny Chrophachs Center Raytheon Technologies, Pran & Whitney Artistic Designs	M.B. M. Fance B. Vivra Vyorus Inc. City of Bridgeport	GRy of Bridgepart G Ptc Construction Retract Sattor Current Construction	And what we wish to the former was shade.
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I. MONETARY RECEIPTS (Sections A-K)

NAME OF CO	MMITTEE (Provide Co.	mplete Name as Register	ed with Filing Repo	sitory)		TYPE OF REPORT		<u></u>
Ganim for Br	ldgeport 23				******	July 10		
		C1.	Contributi	ons from C	ther Commi		-	
Name of Committe	e				Name of Treasur			
à delacere								
Address				ls this contr	ibution associated	with an Oyes ONo	Amount	of Contribution
				event repor	ted in Section L1? If yes, list	Event#		
City	·-	State	Zip Code	Date Reco		Aggregate Contributions		
		1		ŀ				
Name of Committee	:		-		Name of Treasure	er .		
Address				Trad	40.30 00.4	00	Amount	of Contails along
				ls this contri event report	ed in Section L1?	with an OYes ONo	Amount	of Contribution
						Event #		
City		State	Zip Code	Date Rece	ived	Aggregate Contributions		
								<u> </u>
Name of Committee					Name of Treasure	ा		
					=			
Address	<u> </u>		···	Is this contri	bution associated	with an OYes ONo	Amount	of Contribution
				event reporte	ed in Section L1?			
er.						Event #	_	
City		State	Zip Code	Date Recei	ived	Aggregate Contributions		
	Ca	Daimbuna		Distuib	41	41 0		
lame of Committee	<u>C2.</u>	Reimburseme	ats or Surp	us Distribu	·	ther Committees		
isine of Committee					Name of Treasure	r		
					ľ			
ddress	<u> </u>			City	1		State	Zip Code
San Paradara 4	Expenditure #							
Date Received	(if applicable)	Payment Type		_			Amoun	t of Receipt
		OReimburser	nent for shared ex	xpense OSi	irplus Distribution	l .		
escription	· · · · · · · · · · · · · · · · · · ·					.	7	
							1	
ame of Committee					Name of Treasurer			
ddress				City			State	Zip Code
ate Received	Expenditure #	Payment Type					Amara	t of Receipt
	(if applicable)	211	ement for shared		Surplus Distributio		Amoun	t ot Receipt
		Okembuls	cincil to shared	expense O.	authing Digitionii	л		
escription								
			OTTEMO	DAT C				
			20RIO	IAL Section	C — This Pa	ige		
			TOTAL of	f additional	Section C Pag	zes		
	TOTALO	PALL CORES						
		FALL COMMIT 15 C1 + C2) (Enter						
	- Joseph -	Car Daler	erst vn Line 14,	Common of D	ammury regt 10	into)		

Enter only if the aggregate contribution is incorrect (Decimal)	
Letter for Evente (Text(1))	< < m
Date of Event (mm/dd/yyyy)	4/28/2022 4/28/2022 4/28/2022 6/23/2022
ls this contribution associated with an event reported in Section L1?	>>>z>
Amount of Contribution * (Decimats)	1,000 00 1,500 00 1,000 00 1,000 00 500 00
Date Received * (mm/dd/yyyy)	4728/2022 4728/2022 4728/2022 5/17/2022 6/23/2022
Zip-Code (Numeric(9))	06825 06514 06716 06037 06716
State * (Text(2))	
City *	Fairfield Hamden Wolcott Berlin Wolcott
	Rosanne Gallant 527 Turwis Hill Rd Nate Brown 1865 Downell Ave Robert Ficeto 13 Diamond Rock Rd Jason Werthman 1492 Berlin Tpke Robert Ficeto 13 Diamond Rock Rd
Name of Treasurer (Text(25))	Rosanne Gallant Nate Brown Robert Ficeto 11 Jason Werthman Robert Ficeto 11
Name of Committee " (Text(25))	Connitione to Elect Democratis IUOE Local 478 Political Action Committee Rovette PAC IUPAT Rovette PAC

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repos	ritory)		T	YPE O.	F REPORT	
Ganim for Bridgeport 23				J	uly 10		
	D. Loans	s Rece	ived this Perio	d			
Name of Lender			Source of Loan: OBank OC	andidate O	ndividu	al Other Committee	Date of Receipt
Street Address	City		1	Š	laie	Zíp Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)						<u>'</u>	Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan:				Date of Receipt
· 			OBank OCa	indidate 🔘 b	ndividu	Other Committee	- Naccipe
Sireet Address	City			S	inte	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if upplicable)				,		•	Amount Received
Street Address	City			S	tatc	Zip Code	
Name of Lender			Source of Loan: OBank OCa	ndidate O Ir	ıdividu		Date of Receipt
Street Address	City		1	St	atc	Committee Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City			S	tate	Zip Code	
			TOTAL SECT	TION D	1		
						· · · · · · · · · · · · · · · · · · ·	
E. Receipts from Entiti	es other than Indiv	iduals	or Other Com	ımittees <i>(1</i>	Referei	idum Committei	s ONLY)
treet Address	<u></u>			Date Rece	ived		Amount Received
ity		State	Zip Code	Aggregate	Contril	outions	
				1.685.486.			
ame of Entity							
reel Address			· · · · · ·	Date Rece	ived		Amount Received
ly		State	Zíp Code	Aggregato	: Contrib	putions	
ame of Entity						.]	
reel Address				Date Rece	ived		Amount Received
ty		State	Zip Code	Aggregate	Contrib	outions	
			TOTAL SECT	TON E	1		
			TOTAL SECT	ION E			

NAME OF COMMITT	ΓΕΕ (Provide Complete Name as Regi	stered with Filing Repository)		ТҮРЕ	OF REPORT
Ganim for Bridge	port 23			July 1	10
	F. Amount Transferred	l from Affiliated Bu	siness Treasury (Bus	iness Entity	y Committees ONLY)
Pate of Receipt	Is this transaction asso event reported in Section		If yes, list Event #		Amount
ate of Receipt	Is this transaction associate event reported in Section	1 60	If yes, list Event #		Amount
ale of Receipt	Is this transaction associate event reported in Section		If yes, list Event #		Amount
ate of Receipt	Is this transaction associated in Section		If yes, list Event #		Amount
			TOTAL SECTIO	NF	
					
					<u> </u>
	ransferred from Affilia	ted Labor Union or	Other Organization	Treasu	ry (Organization Committees ONLY)
te of Receipt		Date of Receipt	-	Date of Ro	eccipt
	Amount	An	nount		Amount
				<u> </u>	
			TOTAL SECTION	G	
	H. Personal Funds of	the Candidate Rece	ived this Period (Ca	ndidate Coi	mmittees ONLY)
of Receipt	Method of payment:				Amount
	OCash	O Personal Chee	k Credit/Debit	Card	
e of Receipt	Method of payment:				Amount
	O Cash	O Personal Chee	k Credit/Debit	Card	
of Receipt	Method of payment:				Amount
	O Cash	O Personal Cheel	Credit/Debit	Card	
of Receipt	Method of payment;			******	Amount
	OCash	O Personal Check	Credit/Debit	Card	
		· ·	TOTAL SECTION	ON H	
	·	I. Anonymous	Contributions		
	Per Public Act 11-48,				
amo	ount. If a committee rimmediately remit the	eceives an anonym	ous contribution, th	e campa	ign treasurer shall
	unidecisies V remit the	COURTED BUILDING TO THO	STUTO HIGOTIANS HAT	~~~~~~	T (Ommiceion

Retired Jacoby 2015	I. MONETART RECEIPTS	(Sections A	7-1)	7=50 / 01 7/
NAME OF COMMITTEE (Provide Comple	te Name as Registered with Filing Repository)			OF REPORT	
Ganim for Bridgeport 23			July 1	0	
Name of Institution	J. Interest from Deposits in Author	rized Accoun			
Name of Institution			Date Re	ceived	Amount
Street Address	City	s	tate	Zip Code	-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	557-55	1			
Name of Institution	<u> </u>		Date Re	ceived	Amount
]
Street Address	City	S	ate	Zip Code	
· · · · · · · · · · · · · · · · · · ·	ТОТ	TAL SECTION	IJ		
K. N	Aiscellaneous Monetary Receipts not Co	nsidered Cor	ıtribu	ıtions	
Name		-	Dı	ste of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Da	ue of Transaction	A**-** A TO
					Amount Received
Street Address	Cily		State	Zip Code	
Description					_
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	_
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escription	•			I,	
Vame			Da	le of Transaction	
				io of Transaction	Amount Received
treet Address	City		State	Zip Code	
escription					
	TOTAL S	ECTION K			
0					
	RY OF OTHER MONETARY RECEIF	PTS (Sections	D th	rough K)	
otal Loans Received this Period (Sec					
otal Receipts from Entitles other that	Individuals or Other Committees (Section E)		+		
otal Amount Transferred from Affilia	ated Business Treasury (Section F)		+		
otal Amount Transferred from Affilia	ated Labor Union or Other Organization Treasu	ıry (Section G)	+		<u></u>
otal Amount of Personal Funds of the	Candidate Received this Period (Section H)		+	1	
otal Amount of Interest from Deposit	s in Authorized Accounts (Section J)		+		· · · · · · · · · · · · · · · · · · ·
15	s not Considered Contributions (Section K)		+		
, , , , , , , , , , , , , , , , , , , ,	Total of Other	r Monetary I		its	
(Add S	Sections D through K) (Enter total on Line 15, Colum				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMI	ITEE	(Provide Complete Name as Registered with Filing Repositor)	y	TYPE OF REPORT			
Ganim for Bridge				July 10			
		Lı. Ever	nt Information	·			
I	etter.	Description Kick-Off Dinner			Wa	s this a fu	ndraising event
Location: Street Addres	is		City			State	Zip Code
		5 Madison Avenue	Bridgeport			СТ	06606
Subpart 1: (All Co Was this event host		(ees) a personal residence?	OYes (If yes, go to Section L.S Associated with a Hou purchases made by hose No	ise Party and complet	e req	uired in for	
		e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section Le and complete required i		not C	onsidered (Contributions
Was this fundraiser with purchases from	a tag an in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Rece	eipts here.)	\$		
Were there purchase sign associated with	s of a this f		Mittees other than Exploratory OYes (If yes, go to Section L3 or on a Sign and comp ONo	Purchases of Adverti			Program Book
	sell f	ood or beverage at a fair or similar mass state with this fundraiser?	OYcs (If yes, enter Total Rece	eipts here.)	\$		
6-23-22 B	iter	Description Steakhouse Dinner			Was	this a fun Oyes	draising event?
Location: Street Address			City			State	Zip Code
Josephs Steakhou	se, 3	60 Fairfield Ave	Bridgeport			СТ	06604
Subpart 1: (All Com Was this event hosted			OYes (If yes, go to Section L5 Associated with a Hous purchases made by host(No	e Party and complete	requ	uired inform	
Did this fundraiser in of up to \$200 or item	clude s don	goods or services donated by a business entity ated by an individual of up to \$100?	Yes (If yes, go to Section L4 and complete required in No		ot Co	onsidered C	ontributions
Was this fundraiser a with purchases from	tag sa an inc	ale, auction, or other sale of donated items lividual of up to \$100?	O Yes (If yes, enter Total Recei		\$		
Subpart 2: (Party Co Were there purchases sign associated with t	of ad	nees, Municipal Candidates and Political Comm lvertising space in a program book or on a ndraiser?		Purchases of Advertis			rogram Book
Subpart 3: (Town Co Did your committee s sathering held within	ell fo	tees ONLY) od or beverage at a fair or similar mass ate with this fundraiser?	OYCS (If yes, onter Total Receiption)	pts here.)	\$		
SUBTOTAL Se	ction	L1—Subpart 1 (All Committees) Total Receipts fro	m Sale of Donated Items — T	bis Page		_	
			on L1—Subpart 3 (Town Committe pts from Food Purchases — T				
		1	FOTAL of additional Section 1	Li Pages	<u></u> .		
			PTS FROM SMALL PURC Line 16a, Column A of Summary F				

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT Ganim for Bridgeport 23 July 10 L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: OBusiness Entity OOther O 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: OBusiness Entity Other O Individual/Sole Proprietorship Street Address City 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: OBusiness Entity Other O Individual/Sole Proprietorship Street Address City Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Sign Purchase Amount of Program Ad Purchase Name of Purchaser Purchase Made By: OBusiness Entity Other O Individual/Sole Proprietorship Street Address City 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: OBusiness Entity Other O Individual/Sole Proprietorship Street Address City 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 (Enter total on Line 16c, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITT	BE (Provide Complete Name	as Registered with Filing Re	pository)			TYPE OF REP	ORT		
Ganim for Bridgep						July 10			
	I	4. In-Kind Donat	ions I	lot Consid	dered Contribu				·
Name of Donor									
Street Address				City			-	State	Zip Code
Donation Given By:	Description of Donation	· - · · · · · · · · · · · · · · · · · ·					Fair	Market Va	lue of Donation
O Business Entity									
OIndividual	Date Received	Event#			Aggregate Value fo	r this Event			
Sole Proprietorship		ĺ							
Name of Donor								_	
Street Address				City				State	Zip Code
Donation Given By:	Description of Donation			ı			Fair N	I Varket V=	ue of Donation
OBusiness Entity									
OIndividual	Date Received	Event #			Aggregate Value fo	this livent	_		
OSole Proprietorship									
Name of Donor		I							
ireet Address				City				State	Zip Code
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Donation Given By	Description of Donation		·				Fair N	larket Val	ue of Donation
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O Individual	Date Received	Event#			Aggregate Value for	this Event	_		
Sole Proprietorship		ļ							
ame of Donor									
treet Address				City				State	Zip Code
lonation Given By:	Description of Donation						Foio M	forket Val	re of Donation
Business Entity							Patt 14	INTINCE VALUE	te of Donation
Individual	Date Received	Event #			Aggregate value for	his Event			
Sole Proprietorship									
			Th Table	DAT COME	The The Dane				
		3(UBIU	I AL Section	n L4 — This Page				
		то	TAL	f additiona	l Section L4 Pages				
тота	AL OF ALL IN-KIND	DONATIONS NOT (Enter total on Line 2)							-

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing R	Repository)		TYPE OF RI	EPORT	- .
Ganim for Bridgepo					July 10		
	L5. In-Kind Donations Not Consid	dered	Contributions Associa	ited with a l	<u> </u>	tv	
Name of Host				Is this event committee?		ore than o	one candidate o
Street Address			City			State	Zip Code
Description of Donation	-		<u> </u>		Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hasts	A	egregate Value of all Events—this h	ost/candidate			
Name of Host			-	committee?	supporting m OYes ON omplete Itemiz	ю	ne candidate or
Street Address			City			State	Zip Code
Description of Donation	··				Fair Mai	rket Value	of Donation
Event #	Aggregate Value of this Event - all hosts	Ag	gregate Value of all Events—this hi	sst/candidate			
Name of Host				committee? (Supporting me OYes ON mplete Itemize	0	ne candidate or
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
ivent#	Aggregate Value of this Event—all hosts	Agı	gregate Value of all Events—this ho	st/candidate			
fame of Hosi				committee? (0	ne candidate or
treet Address			City	3, 700, 001		State	Zip Code
escription of Donation	,	1			Fair Mar	ket Value o	of Donation
vent #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this hos	vcandidate			
		SUB	FOTAL Section L5 — T	his Page			
	1	ГОТА	L of additional Section 1	L5 Pages			
TOTAL ASSOCIATED WITI	OF ALL IN-KIND DONATIONS NO HA HOUSE PARTY (Enter total on		NSIDERED CONTRIB , Column A of Summary P				

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III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete	le Name as Registered w	ith Filing Repository)		TYPE OF REPORT		
Ganim for Bridgeport 23		gepromot j/		July 10		
		M. In-Kind Co	ntributions	, ,		
Name		In Italia Co.	uti ibutio23	 		
}						
Street Address			City		State	Zip Code
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Ki	nd Contribution		
Olndividual / Sole Proprietorship Oother	r					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	dana anataibutan a	in excess of \$400 to a candi or business he/she is associa an \$5,000?			F .	Market Value
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If ye	butor a principal of a state of state of state of state of state of the state of th	r branches	state contractor? Yes	1	
Name	1 or 80	verminent the contract is wh	ui. O Executive	: Oregisiative		_
110100						
Street Address			City		State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kin	d Contribution		
Ondividual / Sole Proprietorship Oother						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		in excess of \$400 to a candi or business he/she is associa				Market Value Contribution
Is this contribution associated with an	<u> </u>	utor a principal of a state co		state contractor? OYes	1	
event reported in Section L1? If yes, list Event #	O No If yes	indicate which branch or emment the contract is with	branches	OLegislative ONo		
Name						
Sirect Address			City		State	Zip Code
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kine	d Contribution		<u> </u>
Individual / Sole Proprietorship Oother						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is i does contributor o valued at more tha	n excess of \$400 to a candi- r business he/she is associa- in \$5,000?	date for a chief executive ted with have a contract O Yes O No	e officer of a municipality, with said municipality		Market Value Contribution
Is this contribution associated with an	O Yes Is contribu	utor a principal of a state co	ntractor or prospective s			
event reported listed in Section L1? If yes, list Event #		indicate which branch or le trument the contract is with		O Legislative		
	<u> </u>	SUBTOTAL S	Section M — This Pa			
				•		
			tional Section M Pa			
TOTAL OF ALL IN-KIND CONT	TRIBUTIONS (1	Sater total on Line 23, Colum	nn A of Summary Page 1	Fotals)		
	N. Refun	dable Deposit to Te	elephone Compa	ny		
ast Name of Individual		First		МІ	Date Deposit	Made
esidential Street Address		City		State Zip Code		Amount of
						Deposit
ame of Telephone Company	.			<u> </u>	\dashv	
reet Address		City		State Zip Code	\dashv	
						
TOTAL SEC	CTION N (Enter 1	total on Line 24, Column A	of Summary Page Tot	rals)		

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMM		21101122 (80010)		
	ITTEE (Provide Complete Name as Registered with Filing Repos	silory)	TYPE OF REPORT	
Ganim for Bridg			July 10	
	P. Exper	ases Paid by Committe	ee	
Name of Payee			Date of Payment	Method of Payment O Check # O Debit Card OFFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expendituse # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expended Coordinated without reimbursement sought (in-kind)	nditure) Indepe	·	
Name of Payer			Date of Payment	Method of Payment: O Check # O Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind of the coordinated)	diture) Indepen		
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card OEFT
Street Address	=	City		State Zip Code
urpose of Expenditure by code)	Description		Event #	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind)	nditure) [Indepe	•	
Name of Payee			Date of Payment	Method of Payment: O Check #O Debit Card OEFT
irect Address		City	1	State Zip Code
urpose of Expenditure by code)	Description	,	Event #	Amount
xpenditure # Fapplicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coor	fiture) [Indepen	•	
		SUBTOTAL Section P -	- This Page	
- ,		FOTAL of additional Section		
		PENSES PAID BY CON Line 19, Column A of Summary		

		7
Purnose of	Expenditure	WEB RMB RMB COVHD FINDR FINDR BINK
Letter for	Events	< < < a
	(mm/dd/yyyy)	4/28/2022 4/28/2022 4/28/2022 4/28/2022 6/23/2022
	Description (Text(100))	Online Donation Setup Fee (Auto Pay) Reimbursement for Flyers, Stamps, Envelopes Reimbursement for Stamps Table Rental Food Credit Card/Banking Transaction fees
Speci	(Text(20))	28 00 00 00 00 00 00 00 00 00 00 00 00 00
Method of	(Text(20))	8888888
Amount.	(Decimal)	\$ 100.00 \$2,240.34 \$ 325.00 \$ 525.00 \$ 5,250.00 \$ 6,448.00 \$ 1,041.20
Date of	(mm/dd/yyyy)	4/24/2022 5/27/2022 6/14/2022 6/14/2022 6/23/2022 6/23/2022 6/23/2022
Zip-Code	(Numeric(9))	06095 06611 06611 06614 06606 06904 06095
State .	(Text(2))	ಕಕಕಕಕಕ
Clty.	(ext(25))	Windsor Trumbull Bridgeport Strattord Bridgeport Bridgeport Windsor
Street Address *	((axxe))	112 Bloomfield Ave 11 Botstord Pl 321 Lynne Place 3128 Maris SI 1775 Madison Ave 360 Fairfield Ave 112 Bloomfield Ave
Name of Payee " (Text(100))		Leav-Carmpagn Vargital Mathero Anthony Paoletto Mitch Co. Party Rentats Testos Riskonana & Baltnom Jospeths Steak House Day Gampaign

NAME OF COMM	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ganim for Bridg			July 10	 				
	Q. C	ampaign Expenses Paid by	Candidate					
Name of Payee (Name	of Vendor, Person or Entity who candidate paid d		Date of Payment	Is reimbursement claimed?				
1				O Yes O No				
Street Address		City	į	State Zip Code				
Purpose of Expenditure (by code)	Description		Event#	Amount				
Name of Payee (Name of	of Vendor, Person or Entity who candidate paid di	irectly)	Date of Payment	Is reimbursement claimed?				
ļ				Q Yes Q No				
Street Address		City		State Zip Code				
,		Cay		State Zip Code				
Purpose of Expenditure (by code)	Description		Event #	Amount				
(0) 0000)								
Name of Payee (Name o	f Vendor, Person or Entity who candidate paid di	rectly)	Date of Payment	Is reimbursement claimed?				
	•			O Yes O No				
Street Address		Lav.						
Succi Aduless		City		State Zip Code				
Purpose of Expenditure (by code)	Description		Event#	Amount				
(by code)								
Name of Payee (Name of	f Vendor, Person or Entity who candidate paid dir	wetly)	Date of Payment	Is reimbursement claimed?				
,,,, ,		,	Date of Caymen					
				O Yes O No				
Street Address		City		State Zip Code				
urpose of Expenditure	Description		Event #	Amount				
by code)								
Name of Payer (Name of	Vendor, Person or Entity who candidate paid dire	anthu)	Date of Payment	1 - : - 1 - 1 - 10				
tanc of rayeo (realize by	remor, control or heavy with tumbance pain and	teay)	Date of Fayment	Is reimbursement claimed?				
				O Yes O No				
treet Address		City		State Zip Code				
urpose of Expenditure	Description		Event #	Amount				
oy code)								
In C Dr / N C	Variable Programme Profession Control of the Contro							
isite of Payee (Hame of	Vendor, Person or Entity who candidate paid dire	cuy)	Date of Payment	Is reimbursement claimed?				
				O Yes O No				
treet Address		City		State Zip Code				
arpose of Expenditure	Description		Event #	Amount				
y code)	en pr. 67, 30 (No. 1)							
		SUBTOTAL Section	on O — This Page					
		TOTAL of additions	Section Q Pages					
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		OF ALL EXPENSES PAID B						
		Enter total on Line 26, Column A of S	umatury rage rotats)					

NAME OF COMME Ganim for Bridg	ITEE (Provide Complete Name as Registered with Filing Repositor	<u>y)</u>		F REPORT		
Sarmin for bridg			July 10	1		_
Name of Issuing Ins	R. Expenses Incurre	Type of Credit Card:	Credit Card			
The of the state o	or custors	O Visa OMaste	as Card Diagon	rer OAmerica	D	. • • • • • • • • • • • • • • • • • • •
N		O Visa Civiasi	d Card O Discov	America		
Vame of Vendor, Perso	n or entity				Date of 1	Transaction
Street Address		Lov				
Attect Paddiess		City			State	Zip Code
urpose of Expenditure by code)	Description	-1	Event#			Amount
xpendi une # (applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind ex	liture) Q Ind	ependent	Ос Ор		
ame of Vendor, Person	ar Entity				Date of T	ransaction
reet Address		City	-		State	Zip Code
rpose of Expenditure y code)	Description		Event #			Amount
spenditure # applicable	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture) O Inde	v" is checked) ependent anization () () B	Ос Ор		
me of Vendor, Person o	r Entity				Date of Tr	ansaction
eet Address		City			State	Zip Code
pose of Expenditure code)	Description		Event #			Amount
penditure # applicable)	Type of Expenditure (Itemization in Addendum R Required and None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cort	ture) O Inde		Oc Op		
	su	BTOTAL Section R -	- This Page			_
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	тота	AL of additional Section	n R Pages			

TEE (Provide Complete Name as Registere	d with Filing Repository)	TYPE OF	REPORT		
eport 23	the part of ground Intelligence by	July 10			
	curred by Committee but Not P				
	-	<u> </u>		Date Incurre	ed b
	City		5	State	Zip Code
Description	I	Event#			unt Incurred mate or Actual)
None of the below Coordinated with reimbursement	it sought (joint expenditure)	Independent	Oc Op		
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	City		s	tate	Zip Code
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	City		SI	late	Zip Code
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	TOTAL of additional	Section S Pages			
KPENSES INCURRED BY COM					
Previou	aly reported Expenses Unpaid and stil	ll Outstanding			13
	Description Type of Expenditure (Itemization in Ada None of the below Coordinated without reimbursement Coordinated with reimbursement Coordinated with reimbursement Coordinated with reimbursement Coordinated with reimbursement Coordinated without reimbursement Coordinated wit	S. Expenses Incurred by Committee but Not P City Description Type of Expenditure (Itemization in Addendum S Required unless "None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum S Required unless "None of the below Coordinated without reimbursement sought (in-kind contribution) City Description City City Description City City City Description City City City Description City City City City City Description Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursement sought (in-kind contribution) City Ci	S. Expenses Incurred by Committee but Not Paid During this F City	S. Expenses Incurred by Committee but Not Paid During this Period City	S. Expenses Incurred by Committee but Not Paid During this Period Date Incurred During this Period

							_		_	
	EE (Provide Complete Name as Registered with Filing Reposit	ory)			TYPE OF REPORT					
Ganim for Bridge		_			uly 10					
	T. Itemization of Reim	_		ndary P	ayees			1		
Last Name of Worker/Cor	ıxultanı	F	First			MI		Date of P Person or	ayment to Vi Entity	endor,
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant					in Section I		Committee V	Vorker/Const	
Street Address of Vendor.	Person or Entity Paid by Committee Worker/Consultant		City		100	ICCK #	Т	State	Zip Code	J EF I
Purpose of Expenditure (by code)	Description			Event #				-	Amount	-
Expenditure N (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kinst)	endit	iture) O Inde	pendent O	0	°. °	D			
Last Name of Worker/Cons	rultant	Fi	irst			MI		Date of Pa Person or	lyment to Ve Entity	ndor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					in Section F		ommittee W	orker/Consu	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City		<u> </u>		7	State	Zip Code	
Purpose of Expenditure (by code)	Description		5	Eivent#				,	Amount	
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Last Name of Worker/Cons	ultant	Fir	irst			МІ		Date of Pa Person or	yment to Ve Entity	ndor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					in Section P		ommittee W	orker/Consu	
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant		City				15	State	Zip Code	38
Purpose of Expenditure by code)	Description			Event #				<u>1</u>	Amount	
F.xpenditure # fif applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expense) Coordinated without reimbursement sought (in-kind	nditu	ure) O Indep	'is checked)	0	0.01				
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TOTAL OF ALL I	REIMBURSEMENT TO COMMITTEE V	vo	ORKERS AND CON	SULTAN	TS			<u> </u>		
	-									